

Case Number:	CM15-0002977		
Date Assigned:	01/13/2015	Date of Injury:	02/12/2009
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who reported an injury on 02/12/2009. The mechanism of injury involved repetitive activity. The current diagnoses include status post anterior cervical fusion, status post left shoulder rotator cuff repair, and lumbar sprain/strain. The latest physician progress report submitted for review is documented on 08/07/2014. The injured worker presented with complaints of persistent low back pain. Upon examination, there was tenderness to palpation over the lumbar spine with decreased range of motion secondary to pain. Upon examination of the left shoulder, there was tenderness to palpation with decreased range of motion secondary to pain. Recommendations at that time included continuation of the current medication regimen of Motrin 600 mg and Medrox ointment. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Meth Sal 30%/Menth 10%/Caps 25% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There was also no quantity or frequency listed in the request. Therefore, the request is not medically appropriate.