

Case Number:	CM15-0004587		
Date Assigned:	01/15/2015	Date of Injury:	09/24/2013
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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
Certification(s)/Specialty: Emergency Medicine

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 48 year old male who sustained an industrial injury reported on 9/24/2013. He has reported radicular radiating neck and low back pain and spasms, associated with numbness and tingling; and achy, burning, radiating right shoulder, elbow and knee pain. The diagnoses have included herniated nucleus pulposus cervical spine; cervical radiculopathy; displacement of cervical disc without myelopathy; lumbar sprain; and joint derangement of the right shoulder, elbow and right knee. Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to be modified work duty. On 12/17/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 10/13/2014, for Cyclobenzaprine/flurbiprofen, capsaicin/menthol/camphor/gabapentin/flurbiprofen for continued treatment of pain, the Medical Treatment Utilization Schedule, chronic pain medical treatment, topical analgesics Guidelines were cited. The PR-2 notes, dated 9/24/2014, note subjective and objective findings and states that this IW has exhausted all therapies, none of which are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclo/Flurib; Caps/Menth/Camph/Gaba/Flurb; DOS 10/13/14:
Upheld

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

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

Decision rationale: The requested Retrospective request for Cyclo/Flurib; Caps/Menth/Camph/Gaba/Flurb; DOS 10/13/14, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The treating physician has documented diagnoses of herniated nucleus pulposus cervical spine; cervical radiculopathy; displacement of cervical disc without myelopathy; lumbar sprain; and joint derangement of the right shoulder, elbow and right knee. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective request for Cyclo/Flurib; Caps/Menth/Camph/Gaba/Flurb; DOS 10/13/14 is not medically necessary.