

Case Number:	CM15-0103711		
Date Assigned:	06/08/2015	Date of Injury:	10/17/1994
Decision Date:	07/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on October 17, 1994. The injured worker was diagnosed as having myalgia and myositis and lumbar postlaminectomy syndrome. Treatment to date has included MRIs, lumbar epidural steroid injection (ESI), and medication. Currently, the injured worker complains of total body pain, beck pain, shoulder pain, left hip pain, chronic fatigue, and problem sleeping. The Primary Treating Physician's report dated May 13, 2015, noted the injured worker reported falling five weeks previously and broke two toes on her left foot, still wearing a boot. The injured worker was noted to complain of trigger point's tenderness 12+. The treatment plan was noted to include urine toxicology for chronic pain management compliance, the addition of Sonata for insomnia, and requests for authorization for compounded topical cream, Savella, Zaleplon, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Lidocaine 5%/Menthol/Camphor 1% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Menthol is not recommended as a topical agent. As such, the request for flurb/lidocaine/menthol/camphor is not medically necessary and the original UR decision is upheld.