

Case Number:	CM15-0109562		
Date Assigned:	06/16/2015	Date of Injury:	05/12/2014
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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 24 year old male who sustained a work related injury May 12, 2014. While working on a truck, he slipped, his left ankle was caught in the vehicle and the left side of the body collided with the engine. A five gallon container of diluted anti-freeze also spilled and some fell into his mouth as he fell. He approximates ingesting two small mouthfuls which he spit out. He complained of dizziness, nausea, low back pain, and pain in the left wrist, shoulder, upper arm, and ankle. Poison control was contact and due to amount ingested no specific treatment was necessary. He was diagnosed with an ankle sprain and shoulder, upper arm, left wrist and low back contusion. He was treated with an ankle boot and crutches, medication and ice pack. According to a most recent primary treating physician's progress report, dated October 21, 2014, the injured worker presented for follow-up with complaints of lumbosacral and left shoulder pain, rated 6-7/10. Physical examination of the lumbar spine revealed decreased range of motion and spasm. Examination of the left shoulder revealed positive impingement. Some handwritten notes are difficult to decipher. Diagnoses are lumbosacral sprain rule out discopathy and left shoulder impingement. A request for authorization form, dated May 12, 2015, documents diagnoses as right knee sprain/strain and lumbar sprain/strain. At issue, is the request for authorization for Flurbiprofen/Capsaicin/Camphor and Ketoprofen/Cyclobenzaprine/Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Capsaicin, Camphor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent topical anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Flurbiprofen, Capsaicin, Camphor is not medically necessary and appropriate.

Ketoprofen, Cyclobenzaprine, Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent topical anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Ketoprofen, Cyclobenzaprine, Lidocaine is not medically necessary and appropriate.