

Case Number:	CM15-0132339		
Date Assigned:	07/20/2015	Date of Injury:	04/07/2012
Decision Date:	08/17/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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, Pain Management

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 April 7, 2012. She has reported injury to the right hip, low back, and abdomen and has been diagnosed with chronic low back pain likely secondary to lumbar spondylosis, chronic right hip pain status post right total hip arthroplasty, mild abdominal pain status post abdominoplasty, and gait disturbances. Treatment has included medications, surgery, physical therapy, massage, acupuncture, and chiropractic care. There was a large abdominal wound with minimal tenderness to palpation over the abdominal muscles. There was well preserved range of motion of the lumbar spine on flexion to 50 degrees, but extension was limited to 5 degrees, lateral tilt to both the left and right was limited to 15 degrees. There was a scar over the hip. The right hip did appear slightly longer than the left. Her gait was antalgic with a shortened stance on the left. The treatment request included Versapro cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Versapro cream base topical compound 60gm #1 per 06/30/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Versapro cream base, it appears that the active ingredient intended to be prescribed is capsaicin. CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the aforementioned criteria have been documented. Given all of the above, the requested Versapro cream base is not medically necessary.