

Case Number:	CM15-0197488		
Date Assigned:	10/14/2015	Date of Injury:	03/27/2009
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/07/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 38 year old male, who sustained an industrial injury on 3-27-09. The injured worker has complaints of cervical spine pain; right knee pain; right elbow pain and right shoulder pain. Examination revealed positive cervical spine pain; positive right knee, elbow and right shoulder pain. Cervical spine range of motion is limited with pain. Right shoulder has tenderness in the anterior glenohumeral region and subacromial space with positive Hawkins and impingement sign. Right elbow has some pain and tenderness in both the medial and lateral regions and range of motion is full but painful. Right knee has tenderness in the joint line. Cervical spine pain is rates 0 to 8 on a scale of 1 to 10; right shoulder pain ranges from 0 to 5 on a scale of 1 to 10; right elbow pain is rated from 0 to 7 on a scale of 1 to 10 and bilateral knees ranges from 0 to 6 on a scale of 1 to 10. The diagnoses have included pain in joint, lower leg; cervicgia; pain in right elbow and pain in right shoulder. Treatment to date has included physical therapy. The original utilization review (9-11-15) denied the request for capsaicin 0.025%, flurbiprofen 10%, PCCA lidoderm base quantity 120, thirty-day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 10%, PCCA Lidoderm Base QTY 120, thirty day supply:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.ogd-twc.com/odgtwc/pain.htm>. Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary and has not been established.