

Case Number:	CM15-0200954		
Date Assigned:	10/16/2015	Date of Injury:	03/04/2013
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 45 year old male, who sustained an industrial-work injury on 3-4-13. He reported initial complaints of back, jaw, and eye pain. The injured worker was diagnosed as having lumbar disc protrusion, lumbar stenosis, and injury to lumbar nerve root, jaw pain, insomnia, and depression. Treatment to date has included oral and topical medication. Currently, the injured worker complains of constant, stabbing, throbbing low back pain rated 6 out of 10 that radiated to the left leg with numbness, tingling, weakness, and cramping. There is also jaw pain rated 1 out of 10. There is depression and anxiety. Per the primary physician's progress report (PR-2) on 9-1-15, exam notes limited range of motion of the lumbar spine with tenderness in the gluteus and pain on the left with straight leg raise. Medications prescribed were Amitriptyline, Extra Strength Tylenol and topical compound cream. There is right eye pain and facial pain. Current plan of care includes medication refill. The Request for Authorization requested service to include Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.025%, Camphor 2%, Menthol 2%, in cream base, 180 gm, 30 day supply. The Utilization Review on 9-15-15 denied the request for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.025%, Camphor 2%, Menthol 2%, in cream base, 180 gm, 30 day supply, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.025%, Camphor 2%, Menthol 2%, in cream base, 180 gm, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The medical records provided for review indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.