

Case Number:	CM15-0023152		
Date Assigned:	02/12/2015	Date of Injury:	11/03/1998
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 52-year-old male who reported an injury on 01/03/1998 due to an unspecified mechanism of injury. On 01/22/2015, he presented for a follow-up evaluation regarding his work related injury. His medications were noted to include trazodone 100 mg, Lyrica 50 mg, Lidoderm, Butrans 10 mcg/hour, and Norco 10/325 mg. He reported that his medication regimen had been adequate and that he had no adverse side effects to the medications. A physical examination showed that he had a normal gait and tenderness to palpation that was moderate in the paravertebral muscles at the L3-S1 with associated spasm. He rated his pain at 5/10 and noted it to be in the bilateral buttocks and hips, as well as in his low back. He also reported 5/10 pain in the hips and thighs. He was diagnosed with chronic low back pain, chronic use of opioid drugs for therapeutic purposes, lumbosacral neuritis unspecified, lumbosacral disc degeneration, and lumbosacral spondylosis. The treatment plan was for keto/cyclo/caps menthol cream. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/cyclo/caps menthol cream quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical muscle relaxants are not recommended for use as there is no peer reviewed literature to support their efficacy. The documentation provided does not indicate that the injured worker has tried and failed recommended oral medications to support the requested topical analgesic. Also, frequency of the medication was not stated within the request. Also, the requested topical compound contains cyclobenzaprine which is not recommended by the guidelines for topical use. Therefore, the request is not supported. As such, the request is not medically necessary.