

Case Number:	CM15-0219158		
Date Assigned:	11/12/2015	Date of Injury:	02/08/2007
Decision Date:	12/22/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a date of injury of February 8, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of the knee, carpal tunnel syndrome, and lumbar intervertebral disc disorder with myelopathy. Medical records dated July 24, 2015 indicate that the injured worker complained of bilateral shoulder pain, bilateral arm pain, bilateral wrist pain, abdominal pain, bilateral leg pain, bilateral knee pain, cervical spine pain, thoracic spine pain, lumbar spine pain, bilateral ankle pain, numbness and tingling of the bilateral hands, numbness and tingling of the bilateral legs and feet, and pain rated at a level of 7 out of 10, 4 out of 10 at its best, and 10 out of 10 at its worst. A progress note dated October 2, 2015 documented complaints similar to those reported on July 24, 2015 with pain now rated at a level of 7.5 out of 10. Per the treating physician (October 2, 2015), the employee was temporarily totally disabled. The physical exam dated July 24, 2015 reveals decreased range of motion of the cervical spine, decreased range of motion of the lumbar spine, decreased range of motion of the bilateral knees, tenderness to palpation of the cervical, thoracic, and lumbar muscles, tenderness to palpation of the bilateral sacroiliac joints, tenderness to palpation of the bilateral buttocks, and tenderness to palpation of the bilateral medial joint lines with crepitus and edema. The progress note dated October 2, 2015 documented a physical examination that showed no changes since the examination performed on July 24, 2015. Treatment has included medications (Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin-Hyaluronic acid compound since at least July of 2015; Lidoderm patches), and cervical spine fusion. The urine drug screen dated August 28, 2015 showed results that were

inconsistent with the injured workers reported medications. The utilization review (October 8, 2015) non-certified a request for Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 00375%, Hyaluronic Acid 020%: Upheld

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

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical analgesics in this injured worker, the records do not provide clinical evidence to support medical necessity.