

Case Number:	CM15-0035156		
Date Assigned:	03/03/2015	Date of Injury:	03/31/2013
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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: Pennsylvania, Ohio, California
 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:

This 52 year old man sustained an industrial injury on 3/31/2013. The mechanism of injury is not detailed. Current diagnoses include lumbar strain/sprain, cephalgia, eye irritation, exposure to chemicals, and radiculitis. Treatment has included oral medications. Physician notes dated 9/9/2014 show constant moderate neck and low back pain rated 7/10 and burning eye pain. Recommendations include to continue with pain management visits, continue with orthopedic surgeon visits, refer to ophthalmology, psychosocial evaluation and treatment, begin shock wave therapy for the lumbar spine, continue home stretching, provide Synovacin and Dendracin, follow up in four weeks. On 2/4/2015, Utilization Review evaluated a prescription for Flubiprofen/Camphor/Capsaicin/Menthol, apply a thin layer three times per day, that was submitted on 2/19/2015. The UR physician noted topical applications are largely experimental, there is no evidence that the worker has an intolerance for oral medications, there is no documentaion to support a diagnosis of osteoarthritis for which topical NSAIDs are recommended, topical NSAIDs are not recommended to treat spinal joints, and the worker has exceeded the therapeutic treatment window for the use of NSAIDs. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Camphor/ Capsaicin/ Menthol, apply thin layer 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non steroidal antiinflammatory agents (NSAIDs) Page(s): 111.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.