

Case Number:	CM15-0039289		
Date Assigned:	03/09/2015	Date of Injury:	08/14/2014
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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 (IW) is a 57 year old male, who sustained an industrial injury on 08/14/2014. He reported constant severe pain in the coccyx, pain when sitting down, constipation from pain in the coccyx, lower back spasm, and pain radiating into the bilateral hips and legs with restless leg syndrome. The injured worker was diagnosed as having degenerative disk disease T12, L1 with left arm radiculopathy, lumbar spine sprain, Coccygodynia (pain in the coccyx), cervical spine sprain/strain. Treatment to date has included non-steroidal anti inflammatories, topical medications, stool softeners, trial of a TENS (Transcutaneous Electrical Nerve Stimulation) unit, Acupuncture, and Chiropractic care. Currently, the injured worker complains of constipation, stress, dry mouth, gastritis, depression, anxiety, sexual problems and sleep disturbance, stiffness, pain in the coccyx, pain in the lower back, and lowers extremity pain. He is using medications as prescribed and they are helping with pain and muscle spasm. The plan of care includes the medications of Flurbiprofen/Menthol/Camphor/Capsaicin topical cream Qty: 120, Ultram 10%-Cyclobenzaprine 10% topical cream Qty: 120. Purchase of one lumbar spine corset brace and use of a Solar Care FIR Heating System is also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 10%-Cyclobenzaprine 10% topical cream qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp 2012; www.odgtreatment.com; www.worklossdata.com (updated 02/14/12).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 medical necessity has not been established.

Flurbiprofen/Menthol/Camphor/Capsaicin topical cream qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp 2012; www.odgtreatment.com; www.worklossdata.com (updated 02/14/12).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 medical necessity has not been established.

Solar Care FIR Heating System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp 2012; www.odgtreatment.com; www.worklossdata.com (updated 02/14/12).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS does not recommend passive therapy or treatment modalities in the late phases of treatment. The submitted medical records do not discuss a rationale for

requesting the passive modality for Solar Care FIR heating system. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

One lumbar spine corset brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC 5th Edition 2007 or current year.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 45.

Decision rationale: According to ACOEM Chapter 2, Initial Approaches to treatment, inactivity and/or immobilization should be limited because they result in deconditioning and bone loss after relatively short periods of time. The request for the current treatment would result in immobilization in contrast to the recommendation above. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.