

Case Number:	CM15-0047525		
Date Assigned:	03/19/2015	Date of Injury:	08/21/2013
Decision Date:	04/24/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on August 21, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar spine disc desiccation, lumbar spine multilevel disc protrusions, lumbar spine annular tears and left shoulder tendinosis with possible full-thickness tear. Treatment to date has included medication. On January 19, 2015, the injured worker complained of constant upper back pain, low back pain and bilateral ankle pain. He rated his pain as a 7 on a 1-10 pain scale. The upper back pain radiates to the bilateral shoulders and increases at night. The low back pain radiates to the hips and legs with a numbness and tingling sensation. This pain increases with a lot of movement and lifting. The bilateral ankle pain radiates to the feet and calves along with numbness, tingling and a burning sensation. This pain increases with walking. He also complained of sleep disorders due to the pain. The treatment plan included chiropractic treatment, physiotherapy, podiatry consultation and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% #180:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants Gabapentin are not recommended due to lack of evidence. In addition, the compound contains a topical NSAID (Flurbiprofen). It is indicated for arthritis for a short term. The claimant had already been on oral NSAIDs (Naproxen). Since the compound above contains topical Gabapentin and topical NSAIDs are not indicated, the compound in question is not medically necessary.