

Case Number:	CM15-0049704		
Date Assigned:	03/23/2015	Date of Injury:	01/14/2013
Decision Date:	05/01/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/16/2015

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 42 year old female, who sustained an industrial injury on January 14, 2013. She reported stepping into a puddle of oil on the ground as she stepped off a bus, injuring her left knee and left lower side of her back. The injured worker was diagnosed as having cervicalgia and lumbago. Treatment to date has included cervical spine MRI, left knee MRI, lumbar spine MRI, and medication. Currently, the injured worker complains of continuous pain in the cervical spine and lumbar spine, having difficulty falling asleep and having episodes of possible depression. The Primary Treating Physician's report dated July 1, 2013, noted the injured worker reporting physical therapy was helping to relieve her symptoms. The Physician noted there were no complaints of thoracic or lumbar spine pain with flexion or extension movements, and no complaints of tenderness in the lumbar spine. The injured worker was noted to be a kidney transplant recipient and had to be very careful with medications. The Physician noted a prescription for two compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen (DOS: 7/22/13): Upheld

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

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. There is lack of evidence to support the use of Tramadol. Topical NSAIDs such as Ibuprofen are indicated for short term use for arthritis of the knee and hands. The claimant had been on topical analgesics including NSAIDs since April 2013. There are diminishing effects after 2 weeks. The use of topical Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen is not medically necessary since the compound contains products not indicated for chronic pain relief.