

Case Number:	CM15-0054150		
Date Assigned:	03/27/2015	Date of Injury:	10/21/2010
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 10/21/10. He reported back and knee injury. The injured worker was diagnosed as having status post lumbar spinal fusion with retained hardware and lumbosacral radiculopathy. Treatment to date has included lumbar spinal fusion with retained hardware, epidural injection, physical therapy and home exercise program. Currently, the injured worker complains of chronic low back pain with radiation to lower extremities bilaterally. Upon physical exam tenderness and spasm are noted over the paravertebral muscles of the lumbar spine with decreased range of motion. The current treatment plan included physical therapy, acupuncture therapy and medications. A request for authorization was submitted for topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Menthol 2%, Camphor 2%, Gabapentin 10%, Flurbiprofen 15%, Versapro Base 70.975: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ?
9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Capsaicin 0.025%, Menthol 2%, Camphor 2%, Gabapentin 10%, Flurbiprofen 15%, Versapro Base 70.975 is not medically necessary.