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| Case Number: | CM15-0055729 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 12/10/2009 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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:

The injured worker is a 61-year-old female, who sustained an industrial injury on December 10, 2009. The injured worker had reported a right lower extremity injury. The diagnoses have included lumbar radiculopathy, lumbar sprain/strain, bilateral knee chondromalacia, right ankle and foot joint pain and right ankle/foot difficulty walking. Treatment to date has included medications, electro diagnostic studies, radiological studies, injections and physical therapy. Current documentation dated February 24, 2015 notes that the injured worker reported occasional moderate low back pain, constant moderate bilateral knee pain and frequent moderate right foot pain. Physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, muscle spasms, decreased range of motion and a positive straight leg raise. Examination of the knees revealed tenderness to palpation, muscle spasms and a negative McMurray's test bilaterally. Examination of the right foot revealed tenderness to palpation and a negative Tinel's test. The treating physician's plan of care included a request for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2% and Capsaicin 0.025% in compound cream base 210 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamthasone 2%, Menthol 2%, Camphor 2%, and Capsaicin 0.025% in compound cream base 210 gm: Upheld

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

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. Additionally MTUS states that the component ingredient Baclofen is specifically not recommended for topical use and topical Capsaicin is recommended only for patients who have been refractory to essentially all other treatment options. These guidelines have not been met; this request is not medically necessary.