

Case Number:	CM15-0081811		
Date Assigned:	05/04/2015	Date of Injury:	10/27/2011
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 a work related injury on 10/27/11. The diagnoses have included cervical strain/sprain with myofasciitis, cervical spine intervertebral disc syndrome, lumbar strain/sprain, sacroiliitis, lumbar radiculitis, sciatica and intractable neck and back pain. The treatments have included oral medications, physical therapy and home exercises. In the PR-2 dated 10/2/14, the injured worker complains of frequent, severe flare-ups of neck and low back pain. She has pain that radiates into shoulder blades, bilateral arms, bilateral hands, buttocks, hips and occasionally down both legs. She complains of frequent spasms and muscle cramps in arms and legs. She has tenderness with muscle spasms to palpation of cervical and lumbar paravertebral musculature, left side worse than right. She has markedly decreased range of motion in neck and lower back. The treatment plan includes a request for authorization of a compound medicated cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurbipro/Gabapenti/Menthol/Camp #180: Upheld

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

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

Decision rationale: The patient is a 61 year old female with an injury on 10/27/2011. She has neck pain and back pain. She has decreased cervical and lumbar range of motion. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol (and Gabapentin) which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.