

Case Number:	CM15-0085726		
Date Assigned:	05/08/2015	Date of Injury:	07/23/2007
Decision Date:	06/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old man sustained an industrial injury on 7/23/2007. The mechanism of injury is not detailed. Evaluations include cervical and lumbar MRIs performed in December of 2014. Diagnoses include cervical intervertebral disc disorder with myelopathy and lumbar intervertebral disc disorder with myelopathy. Treatment has included oral medications and surgical intervention. Physician notes dated 3/27/2015 show complaints of pain, numbness, and tingling to the lumbar spine, bilateral sacroiliac, bilateral pelvis, bilateral buttock, bilateral knees and legs, bilateral feet, bilateral hips, and bilateral ankles rated 8/10. There are also complaints of anxiety, stress, and insomnia. Recommendations include Norco, topical medication, Prilosec, home interferential stimulator unit, orthopedic spine surgery consultation, and follow up in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the request is not medically necessary.