

Case Number:	CM14-0116238		
Date Assigned:	08/04/2014	Date of Injury:	09/14/2007
Decision Date:	10/07/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 58 year-old individual was reportedly injured on 9/14/2007. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated 11/5/2013, indicates that there are ongoing complaints of left shoulder, low back, and left ankle pain. The physical examination demonstrated left shoulder: +2 tenderness to palpation at the supraspinatus muscle and tendon attachment sites; Limited range of motion; Positive empty can and supraspinatus test; Decreased sensation to light touch over the C6-C8 dermatomes in the left upper extremity; Muscle strength is decreased secondary to pain; Reflexes 2+ equal and bilateral; Lumbar spine: patient is able to heel-toe walk with pain; Squat to 10% of normal due to the pain in the low back; +2 tenderness to palpation over the bilateral PSIS, bilateral lumbar paraspinal muscle guarding. There is decreased range of motion of the lumbar spine. Positive straight leg raise on the right side of 30, and 35 on the left. Positive sitting root test bilaterally. Left ankle: positive tenderness to palpation over the medial and lateral malleolus; Decreased range of motion; Positive anterior/posterior drawer; Decreased sensation to light touch at the L2-S1 dermatomes in the left lower extremity; Muscle strength decreased in the left lower extremities secondary to pain. Diagnostic imaging studies include an MRI of the left ankle dated 1/20/2014 which reveals joint effusion, posterior tibial tendon tenosynovitis, subcutaneous edema, thickened plantar fascia, and osteoarthritis. Previous treatment includes medications, and conservative treatment. A request had been made for Capsaicin 0.025%, Flurbiprofen 20%, Menthol 2%, Tramadol 15%, Camphor 2%, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, and was not certified in the pre-authorization process on 6/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

210gm Capsaicin 0.025%, Flurbiprofen 20%, Menthol 2%, Tramadol 15%, Camphor 2%:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

210gm Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.