

Case Number:	CM14-0118875		
Date Assigned:	09/16/2014	Date of Injury:	09/14/2004
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 California. 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 86-year-old female was reportedly injured on September 14, 2004. The mechanism of injury is noted as tripping over a stack of boxes and falling. Previous treatment includes physical therapy, chiropractic care, acupuncture, knee braces, wrist braces, home exercise, Botox injections, psychotherapy, and oral medications. The most recent progress note, dated June 25, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, upper back pain, lower back pain, and difficulty sleeping. The physical examination demonstrated ambulation with the assistance of a cane. There was tenderness of the right forearm and wrist with a positive Tinel's test. Examination of the shoulders indicated nonspecific tenderness and a positive impingement and Yergason's test on the right. There was pain with right arm abduction. The examination of the cervical, thoracic, and lumbar spine reveals tenderness along the paravertebral muscles and there was a normal upper and lower extremity neurological examination. The examination of the knees noted moderate swelling and crepitus bilaterally. There was pain with the valgus stress test. Recent diagnostic imaging studies were not available for review. A request had been made for a topical compound of Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor as well as Flurbiprofen/Tramadol and was not certified in the pre-authorization process on July 21, 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% Tramadol 15% Menthol 2% Camphor 2%:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a topical compound of Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor is not medically necessary.

210gm Flurbiprofen 20% Tramadol 15%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a topical compound of Flurbiprofen/tramadol is not medically necessary.