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| Case Number: | CM14-0122349 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 04/09/2011 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 47-year-old female was reportedly injured on April 9, 2011. The mechanism of injury was noted as cumulative trauma. The most recent progress note, April 21, 2014, indicated that there were ongoing complaints of shoulder pain, wrist pain, low back pain, anxiety, stress, and depression. The physical examination demonstrated decreased range of motion of both the right and left shoulders with tenderness at the rotator cuff tendon attachment bilaterally. There was a positive supraspinatus test at both shoulders. Examination of the wrists indicated tenderness over the carpal tunnel along with a positive Tinel's and Phalen's tests bilaterally. There was slightly decreased wrist range of motion. There was also decreased sensation along the median nerve distributions of the upper extremities. Examination of the lumbar spine indicated tenderness over the posterior-superior iliac spine with muscle guarding. There were decreased lumbar spine range of motion and a positive straight leg raise test at 30 on the right-hand side. There were a positive bilateral sitting root test and Kemp's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request had been made for a topical compound of Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor and Cyclobenzaprine/Tramadol/Flurbiprofen and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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 Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 210gm is not medically necessary and appropriate.

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

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

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 Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 210 gm is not medically necessary and appropriate.