

Case Number:	CM14-0134916		
Date Assigned:	08/27/2014	Date of Injury:	08/30/2012
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine 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 claimant was injured due to cumulative trauma from 08/30/11 through 08/30/12. Topical medications are under review. In August 2014, he attended shockwave therapy treatment sessions. He had extensive conservative treatment of the low back which included physical and manipulative therapy, acupuncture, and injections, and medication. He saw [REDACTED]. He also underwent trigger points impedance imaging on 05/05/14. There were 10 clinically relevant trigger points identified. The claimant underwent an MRI of the cervical spine on 02/05/14. There were no significant disc protrusions at most levels but at C6-7 there was a disc protrusion indenting the thecal sac. There was mild bilateral uncovertebral joint degenerative change causing stenosis of the bilateral neural foramen with osteophytes contacting the bilateral C7 exiting nerve roots. He also had an MRI of the lumbar spine that showed mild disc desiccation at multiple levels with straightening of the curvature and a disc protrusion at L2-3 indenting the thecal sac. MRI of the left knee showed an oblique cleavage tear of the posterior horn of the medial meniscus and possible bursitis. A right knee MRI on the same date showed medial and lateral meniscal tears and a Baker's cyst. MRI of the left ankle revealed peroneus longus and brevis partial tears with tenosynovitis. There was a posterior tibialis partial tendon tear, flexor hallucis longus partial tendon tear with tenosynovitis, insertional Achilles tendinitis, spring ligament partial tear, and multiple other partial tears. There was osteoarthritis and synovitis. MRI of the right ankle revealed tendon tears and tenosynovitis also. There was capsulitis, plantar fasciitis and tarsal sinus synovitis. The claimant underwent a sleep study for CPAP titration and reportedly has a history of multiple diagnoses. His medications included Lunesta, insulin, and Advil. He has a diagnosis of obstructive sleep apnea. He saw [REDACTED] on 02/25/14. He had ongoing sharp radicular neck and back pain with numbness and tingling to his arms and legs and had constant bilateral knee pain that was moderate to severe. He also bilateral

ankle pain that was moderate to severe. He denied any problems with his medications. He had multiple diagnoses including cervical and lumbar HNPs and radiculopathy with internal derangements of the ankles and knees, anxiety, stress, mood disorder, and sleep disorder. He was prescribed medications and was referred to a psychologist. He was also referred for sleep study and LINT. He underwent a drug screen on 08/02/13. No medications were detected. There is no mention of a need for topical medication.

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% 210 Gram, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210gram: 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 Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210 Gram, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210gram. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. There is no documentation of medication trials in the file with evidence of intolerance or lack of effect. Topical Tramadol and Cyclobenzaprine are not recommended and topical Capsaicin is only recommended in cases of intolerance to first line drugs. The medical necessity of this request has not been clearly demonstrated.