

Case Number:	CM14-0160688		
Date Assigned:	10/06/2014	Date of Injury:	10/24/2012
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/30/2014

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 Louisiana. 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 patient is 39 year old male who was injured on 10/25/2012 due to a cumulative trauma. Prior treatment history has included ibuprofen, home exercise program and acupuncture treatment. Progress report dated 08/06/2014 states the patient complained of pain in the neck which he rated as a 6/10 radiating to the right shoulder and right hand with numbness and tingling. There is pain in the low back which he rated as 8/10. On exam, the lumbar spine revealed diffuse tenderness to palpation over the lumbar paravertebral muscles. There is also moderate facet tenderness over the L4-L5. He had a positive Kemp's test and Farfan's test. The patient is diagnosed with lumbar disc disease and lumbar facet syndrome. He was recommended and prescribed topical analgesics. Prior utilization review dated 09/12/2014 states the request for Flurbiprofen 20%/Menthol 2%/Camphor 2%/Capsaicin 0.025%, 240gm cream #1; and Tramadol 20%/Gabapentin 15%/Amitriptyline 10%, 240gm cream is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Menthol 2%/Camphor 2%/Capsaicin 0.025%, 240gm cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. It is recommended for short-term use and there are no long-term studies of their effectiveness or safety. Based on the lack of requested documentation, there is no clear rationale for the use of Flurbiprofen, Menthol, Camphor, and Capsaicin therefore, it is not medically necessary at this time.

Tramadol 20%/Gabapentin 15%/Amitriptyline 10%, 240gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. It is recommended for short-term use and there are no long-term studies of their effectiveness or safety. Based on the lack of requested documentation, there is no clear rationale for the use of Tramadol, Gabapentin, and Amitriptyline therefore, it is not medically necessary at this time.