

Case Number:	CM14-0161438		
Date Assigned:	10/06/2014	Date of Injury:	06/29/2006
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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:

According to the records made available for review, this is a 58-year-old female with a 6/29/06 date of injury. At the time (9/16/14) of request for authorization for Flurbiprofen 10%/ Capsaicin 0.25%/ Camphor 2%, there is documentation of subjective (moderate to severe low back and neck pain) and objective (tenderness to palpation over the lumbar spine with spasms and decreased range of motion, hypoesthesia in the right L4 dermatome, and positive straight leg raise on the right; tenderness to palpation over the cervical spine with spasms and decreased range of motion, and positive hypoesthesia in the C7 dermatome) findings, current diagnoses (lumbar radiculitis, right sciatica, cervical radiculitis, cervical disc protrusion, lumbar disc protrusion, and thoracic discogenic pain), and treatment to date (NSAIDs and opioids). There is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/ Capsaicin 0.25%/ Camphor 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, right sciatica, cervical radiculitis, cervical disc protrusion, lumbar disc protrusion, and thoracic discogenic pain. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 10%/ Capsaicin 0.25%/ Camphor 2% is not medically necessary.