

Case Number:	CM14-0164438		
Date Assigned:	10/09/2014	Date of Injury:	07/11/2013
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 Texas. 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:

Medical records reflect the claimant is a 29-year-old male who sustained a work injury on 7-11-13. Office visit on 9-10-14 notes the claimant has burning pain, radicular neck pain and muscle spasms. He reports bilateral shoulder burning pain, burning radicular pain at the low back and muscles spasms as well as at the mid ack. He reports abdominal pain, which have improved. The claimant reports that medications offer temporary relief. On exam, the claimant has tenderness to palpation at the cervical spine, bilateral shoulder, thoracic spine, and lumbar spine. He has decreased range of motion. Strength is 4/5 in bilateral upper and lower extremities. DTR are 2+ in the upper and lower extremities. Sensory exam is slightly decrease at the L4, L5 and S1 dermatomes, left C5, C6, C7 and C8 and T1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Gm. Capsaicin 0.025, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2% apply a Thin Layer To Affected Area 2 Times a Day For Pain: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Topical Analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications 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. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore, the medical necessity of this request is not established.

180gm Cyclobenzaprine 2%, Flurbiprofen 25% apply a Thin Layer to Affected Area 3 Times a Day for Pain: 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): 111-113. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Pain Chapter - Topical Analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications 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. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore, the medical necessity of this request is not established.