

Case Number:	CM14-0097879		
Date Assigned:	07/28/2014	Date of Injury:	08/31/2011
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 Internal 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 injured worker is 45-year-old female who reported an injury on 08/31/2011 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine. The injured worker was evaluated on 05/27/2014. It was documented that the injured worker had persistent cervical spine pain. It was documented that the injured worker was scheduled for a cervical spine surgery and was to be evaluated for preoperative clearance. The injured worker's medications were noted to be amlodipine, Soma, Dexilant, Lyrica, and Nasonex. The injured worker's presurgical studies were all within normal limits. The request was made for a topical analgesic to include capsaicin, flurbiprofen, menthol, camphor, cyclobenzaprine, and flurbiprofen. However, no justification for the request was provided. Additionally, no Request for Authorization Form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Menthol 2%, Camphor 2%, Cyclobenzaprine 2%, Flurbiprofen 2.5% 240g: Upheld

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

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

Decision rationale: The request for capsaicin, flurbiprofen, menthol, camphor, cyclobenzaprine, and flurbiprofen is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of cyclobenzaprine in a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this medication as a topical agent. The California Medical Treatment Utilization Schedule does not recommended the use of nonsteroidal anti-inflammatory drugs for spine pain. The clinical documentation supports that the injured worker's main pain generator is the injured worker's cervical spine. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of capsaicin unless there is a failure to respond to first line medications to include anticonvulsants and antidepressants. The clinical documentation submitted for review does not provide any indication that oral medications are not providing adequate pain coverage and require the use of an additional topical analgesic. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported is not recommended. As such the request for capsaicin 0.025%, flurbiprofen 15%, menthol 2%, camphor 2%, cyclobenzaprine 2% and flurbiprofen 2.5% 240 gm is not medically necessary or appropriate.