MAXIMUS Federal Services

Case Number:	CM14-0211746		
Date Assigned:	12/24/2014	Date of Injury:	01/08/2014
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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's original date of injury was January 8, 2014. The industrial diagnoses include cervical and lumbar strain, left sciatica, cervical disc protrusions, headaches, lumbar disc degeneration, and lumbar frontal stenosis at the L5-S1 level. The conservative treatments plus far include modified duty, nonsteroidal anti-inflammatory drugs, topical pain medications, and neurology consultation. When the injured worker had neurology consultation on June 9, 2014, the assessment was posttraumatic head syndrome following blunt head trauma and there was a request for MRI of the brain and electronystagmogram. The disputed issue is a request for a topical compounded medication. A utilization review determination on December 12, 2014 had noncertified this request. The rationale was that the guidelines do not provide strong support for the use of topical agents in chronic pain. The reviewer also pointed out that the dosage of Capsaicin was not specified and that only a concentration of 0.025% is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Capsaicin, Menthol, Camphor 120gm: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines specify that if one drug or drug class of a compounded formulation is not recommended, then the entire formulation is not recommended. Regarding request for capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. It is a neuropathic pain agent, and recommend for localized peripheral neuropathic type pain. Dosages greater than 0.025% are not recommended. Within the documentation available for review, there is no specific concentration listed for the capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. No local neuropathic pain state has been identified in this patient. In the absence of clarity regarding those issues, the currently requested capsaicin cream is not medically necessary. Therefore, this entire compounded formulation is not medically necessary.