MAXIMUS Federal Services

Case Number:	CM15-0018516		
Date Assigned:	02/06/2015	Date of Injury:	05/28/2013
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 20, 2013.In a utilization review report dated January 13, 2015, the claims administrator failed to approve a request for a capsaicin-containing topical compound and oral fenoprofen. The claims administrator referenced a November 6, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an applicant questionnaire of September 25, 2014, the applicant acknowledges that she was no longer working and had last worked in April 2014. 7/10 to 8/10 back, leg, neck, and arm pain complaints were evident. The applicant acknowledged that the topical compounds were only minimally effective, were not diminishing the consumption of oral medications. In a September 25, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was using Flexeril and LidoPro for ongoing complaints of neck, low back, and shoulder pain. The applicant's pain complaints were highly variable ranging anywhere from 7/10 to -9/10. The applicant had received epidural steroid injections, 29 sessions of acupuncture, and 24 sessions of chiropractic manipulative therapy. Fenoprofen, Flexeril, and permanent work restrictions were renewed. It was acknowledged that the applicant had been laid off by her former employer and had reportedly had difficulty tolerating her former employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4-caps 0.05%, cyclo 4%: 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 Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9.

Decision rationale: 1. No, the CM4 - capsaicin - cyclobenzaprine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Fenoprofen calcium 400mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): (s) 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 2.Similarly, the request for fenoprofen (Nalfon), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing fenoprofen usage. The applicant continued to report pain complaints as high as 7/10 to 9/10, despite ongoing fenoprofen usage. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of fenoprofen. Therefore, the request was not medically necessary.