

Case Number:	CM15-0066175		
Date Assigned:	04/14/2015	Date of Injury:	03/05/2009
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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, New York, 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 56-year-old who has filed a claim for chronic neck, low back, and bilateral shoulder pain with derivative complaints of headaches reportedly associated with an industrial injury of March 5, 2009. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for a flurbiprofen-capsaicin compound. A November 12, 2014 RFA form and associated progress note of November 12, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On October 23, 2014, the applicant reported ongoing complaints of neck and low back pain, 7/10, with derivative complaints of insomnia. The applicant reported difficulty sleeping. Medications were refilled under a separate cover. The applicant's medication list was not detailed. On December 20, 2014, the applicant again reported ongoing complaints of neck and low back pain. Once again, unspecified medications were refilled under a separate cover, without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin (patch) 10%/0.25% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a flurbiprofen-capsaicin compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs for the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the lumbar and cervical spines, i.e., body parts for which there is little evidence to utilize topical NSAIDs such as flurbiprofen. Since the flurbiprofen component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.