

Case Number:	CM15-0069119		
Date Assigned:	04/16/2015	Date of Injury:	08/02/2013
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 a 48-year-old male, who sustained an industrial injury on 8/2/2013. He reported continuous trauma with gradual onset of pain to his knees, back, hernia, left ankle, right hand and headaches. Diagnoses have included cephalgia, cervical spine sprain/strain, herniated lumbar disc and bilateral knee sprain/strain. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and medication. According to the progress report dated 3/10/2015, the injured worker complained of pain in the neck with radicular symptoms into the right and left arm. He complained of pain in the lower back with radicular symptoms into the right and left leg. He also complained of pain in both knees and both feet. Exam of the cervical spine revealed tightness and spasm. Foraminal compression test was positive. Exam of the lumbar spine revealed tightness and spasm. Exam of the knees revealed medial joint line tenderness. Exam of the feet revealed tenderness. Authorization was requested for Flurbiprofen 10%, Capsaicin 0.25%, Menthol 2%, Camphor 1% 120gm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.25%, Menthol 2%, Camphor 1% 120gm cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Menthol is not a recommended topical analgesic. Therefore, flurbiprofen, capsaicin, menthol, camphor cream is not medically necessary and the original UR decision is upheld.