

Case Number:	CM15-0079349		
Date Assigned:	04/30/2015	Date of Injury:	02/18/2012
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 48-year-old male, who sustained an industrial injury on 2/18/12. He reported cervical spine, lumbar spine, and left knee pain. The injured worker was diagnosed as having cervical spine strain/sprain, lumbar spine sprain/strain, left knee sprain/strain, and knee pain. Treatment to date was not included in the submitted documentation. The injured worker's current complains were not provided in the submitted documentation. The treating physician requested authorization for retrospective Diclofenac cream 20%, Dextromethorphan powder/Tramadol powder/Amitriptyline powder, and Menthol crystals/Camphor synthetic block/Capsaicin powder/Diclofenac sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 7/2/12-9/9/13) Diclofenac cream 20%, Dextromethorphan powder/Tramadol power/Amitriptyline powder, Menthol Crystals/Camphor synthtic Block/Capsaicin powder/Diclofenace sodium: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthol one of the components of the proposed treatment is not recommended by MTUS guidelines as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Retrospective (DOS 7/2/12-9/9/13) Diclofenac cream 20%, Dextromethorphan powder/Tramadol powder/Amitriptyline powder, Menthol Crystals/Camphor synthtic Block/Capsaicin powder/Diclofenace sodium is not medically necessary.