

Case Number:	CM15-0091560		
Date Assigned:	05/15/2015	Date of Injury:	08/31/2008
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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: California, Massachusetts
 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 injured worker is a 59 year old male who sustained an industrial injury on August 31, 2008. He has reported injury to the cervical spine, lumbar spine, and right knee and has been diagnosed with status post cervical surgery, right knee medial meniscus tear, lumbar disc bulging, right shoulder AC osteoarthritis, and right bicipital tenosynovitis. Treatment has included medications, injections, Physical therapy, surgery, medical imaging, and modified work duty. Physical examination noted some tenderness in the cervical paravertebral muscles. There was tenderness on palpation of the supra-scapularis muscle bilaterally. There was tenderness on palpation of the acromioclavicular area. Examination of the lumbar spine revealed tenderness in the area of L4-L5 paravertebral muscles. There was some tenderness in the right piriformis muscle. Right leg straight leg raising was positive. There was some weakness in the motor activity of right L4-L5. There was some tenderness in the right knee. There was cracking on flexion and extension of the right knee. The treatment request included topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Capsaicin/Tramadol/Ketoprofen DOS 03/13/15 unknown length of need: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. NSAID (ketoprofen) and Tramadol are not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time. The request is not medically necessary.