

Case Number:	CM14-0201729		
Date Assigned:	12/12/2014	Date of Injury:	02/10/2003
Decision Date:	12/21/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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
Certification(s)/Specialty: Emergency 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:

This is a 63 year old male who sustained an industrial injury on 2-10-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discopathy with disc displacement, status post lumbar microdiscectomy and lumbar radiculopathy. According to the progress report dated 8-26-2014, the injured worker complained of lumbar spine pain radiating down both legs with numbness and tingling. He reported difficulty sleeping with cramps in back of thighs and calves. Objective findings (8-26-2014) revealed a well healed incision at the lumbar spine with positive tenderness and decreased range of motion secondary to pain. Treatment has included surgery and medications (Colace, Doral, Norco, Prilosec and Ultram). The treatment plan (8-26-2014) was to continue medications and compound creams. The original Utilization Review (UR) (11-13-2014) denied a request for topical compound of Flurbiprofen 25%, Menthol 10%, Camphor 3% and Capsaicin 0.0.375% 30gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound of Flurbiprofen 25%, Menthol 10%, Camphor 3% and Capsaicin 0.0.375% 30gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Topical Compound of Flurbiprofen 25%, Menthol 10%, Camphor 3% and Capsaicin 0.0.375% 30gms, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lumbar spine pain radiating down both legs with numbness and tingling. He reported difficulty sleeping with cramps in back of thighs and calves. Objective findings (8-26-2014) revealed a well healed incision at the lumbar spine with positive tenderness and decreased range of motion secondary to pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical Compound of Flurbiprofen 25%, Menthol 10%, Camphor 3% and Capsaicin 0.0.375% 30gms is not medically necessary.