

Case Number:	CM14-0135196		
Date Assigned:	08/27/2014	Date of Injury:	07/19/2009
Decision Date:	12/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year old male was pushing a cart of linens that got stuck and tilted over on top of him. He sustained injuries to his low back and right leg. He complained of right leg weakness and lower back pain. The date of injury was July 19, 2009. Diagnoses include lumbago, lumbar radiculopathy and right hip pain. Upon evaluation on June 6, 2014, the injured worker complained of burning, radicular low back pain rating the pain a 5-7 on a 1-10 pain scale. This pain is aggravated by prolonged positioning including sitting, standing, walking, bending, and arising from a sitting position, ascending or descending stairs and stooping. He also complained of burning right hip pain and muscle spasms rating that pain a 5-7/10. The pain is also aggravated with movement. He stated that the medications do offer him temporary relief of pain. The pain is also alleviated by activity restrictions. He exhibited pain with heel and toe walking. Toe touch caused low back pain with fingers at about 6 inches from the ground. The injured worker was able to squat to approximately 30% of normal due to the pain at the lower back. There was tenderness to palpation at the lumbar paraspinal muscles and at the lumbosacral junctions. A request was made for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% #210gm, Flurbiprofen 20% and Tramadol 15% #210 gm. On July 10, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% #210gm: Upheld

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

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

Decision rationale: This worker has chronic lumbago and lumbar radiculopathy. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of 6/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The medical necessity of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, and Menthol 2%, Camphor 2% #210gm is not medically necessary.

Flurbiprofen 20%, Tramadol 15% #210gm: Upheld

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

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

Decision rationale: This worker has chronic lumbago and lumbar radiculopathy. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of 6/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The medical necessity of Flurbiprofen 20%, Tramadol 15% #210gm is not medically necessary.