

Case Number:	CM13-0007727		
Date Assigned:	10/11/2013	Date of Injury:	03/19/2011
Decision Date:	01/22/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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:

The claimant is a 66-year-old female who was injured in a work related accident on March 19, 2011. The most recent clinical assessment for review is a cervical MRI scan from July 30, 2012 that shows multilevel disc desiccation with paracentral disc protrusion at C4-5, C5-6 and C6-7, resulting in mild to moderate central canal stenosis. There is also a lumbar MRI scan from September 4, 2012 showing multilevel facet arthropathy and disc desiccation with endplate osteophyte complexes from L3-4 through L5-S1, and changes consistent with a prior L5 laminectomy. A progress report dated July 5, 2013 by treating physician [REDACTED] showed the claimant to have complaints of low back pain as well as neck pain. Physical examination findings on that date demonstrated tenderness to paravertebral musculature of the cervical spine with equal and symmetrical upper extremity reflexes, sensation, and motor examination. The lower extremities showed restricted lumbar range of motion with equal and symmetrical reflexes and 4/5 flexion to the toes and ankles bilaterally. [REDACTED] indicates the patient is status an L4-5 March 28, 2012 microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for CMPD cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, topical compounded analgesics are largely experimental in their use with few randomized clinical trials demonstrating their efficacy and safety. In this case, the active agents of CMPD cream are not known. The lack of documentation of known agents would fail to necessitate the role of the topical compounded as medically necessary at this stage; therefore, the request is non-certified.