

Case Number:	CM13-0023574		
Date Assigned:	11/15/2013	Date of Injury:	07/31/2008
Decision Date:	08/01/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 56-year-old female that had a work related injury on July 31, 2008. There was no mechanism of injury documented. The injured worker was seen for neck and low back and left shoulder pain. The most recent note dated July 19, 2013. The injured worker had been working with permanent restriction. She developed increased low back pain since a few days ago with no obvious reason or accident. She had been taking pain medication with minimal help. Complaints of pain and stiffness in the neck radiating to the left shoulder down to the left elbow is noted. She had increased pain on moving her neck. There was increased pain with attempts for lifting, pushing, and pulling. She had low back pain with stiffness. She often has spasms in the back and could not bend. She had increased pain with sitting and standing for more than 30 minutes, and bending over. She had pain with twisting or turning movements of the back. She had increased low back pain when trying to stand. Her pain level was 5/10 increasing to 8/10 level with activities. Physical examination, there was 4+ tenderness over the right cervical spine with spasm palpated, pain in the right parascapular area and right supraspinatus muscle. 4+ tenderness over the rotator cuff and biceps tendon. Her elevation was restricted to 130 degrees for abduction/flexion. Her impingement test was negative. There was 3+ tenderness over the right rhomboid muscle with spasm and 2+ over the left. Cervical spine, there was 40 degrees of flexion, 30 degrees of extension, 50 degrees of rotation with pain and spasm in the paravertebral muscles. Neurological examination was normal. There was 4+ tenderness over the dorsal capsule to the left wrist and extensor muscle group. Grip strength was measured by Jamar, right was 8/6/8 and left was 4/4/2kg. Physical examination of lumbar spine was flexion of 30 degrees with pain, extension 10 degrees, and lateral bending 10 degrees with spasm and splinting effect. There was 4+ tenderness over the L4-5 and L5-S1 and bilateral sacroiliac joint. There was

3+ tenderness over the bilateral sciatic notch. Left straight leg raise was 40 degrees with pain. Neurological examination was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TOPICAL OINTMENT APPLIED TWICE A DAY: 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 Topical analgesics Page(s): 111.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain. Topical analgesics.

Decision rationale: The request for topical ointment applied twice a day is not medically necessary. The request is for an unnamed product. As such, medical necessity has not been established.