

Case Number:	CM13-0023893		
Date Assigned:	11/15/2013	Date of Injury:	09/12/2007
Decision Date:	01/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation 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:

This female sustained a low back injury on 9/12/07. Medical report dated 7/11/13 from [REDACTED] noted the patient with persistent pain, missed her pain management appointment and had to reschedule. The patient was ambulating with a slow gait and appeared in a fair amount of pain. Clinical exam identified tenderness and limited range of motion, ongoing bilateral straight leg raise, and heel toe walk attempts produced back pain. Diagnosis was lumbar spine strain with radiculitis. Review report dated 8/14/13 from [REDACTED] referred to [REDACTED] report of 7/11/13 and non-certified the request for Condrolite "Transdermal medication" Tylenol #3. Additional report from [REDACTED], orthopedic panel QME, dated 7/30/13 noted clinical exam with normal gait, good toe/heel gait without any difficulty or distress, normal sensation, and 5/5 motor strength throughout bilateral lower extremity muscles. [REDACTED] deemed the patient to reach MMI/P&S from period of last lumbar epidural injection in March 2013. Future medical included periodic orthopedic eval and 6 PT visits for flare-up with anti-inflammatories and analgesics as needed. The patient was not a surgical candidate. The submitted medical reports have not adequately demonstrated indication or documented the medical need for the Condrolite transdermal medication Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 'Transdermal Medications' Tylenol #3: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Condrolite transdermal medication Tylenol #3 over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Condrolite transdermal medication Tylenol #3 is not medically necessary and appropriate.