

Case Number:	CM13-0025457		
Date Assigned:	12/18/2013	Date of Injury:	04/21/2002
Decision Date:	04/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 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 is a female patient with the date of injury of April 21, 2002. A QME report dated November 20, 2013 indicates that the patient has undergone physical therapy and chiropractic therapy which helped a bit. The patient continues to experience pain in the neck and low back. The patient also has daily headaches. The low back pain has serious flare-ups at times. Physical examination identifies normal sensory exam, normal deep tendon reflexes, and slightly reduced lumbar spine range of motion with pain. Sciatic nerve stretch tests are negative. Impression identifies a cervical, thoracic, and lumbar musculoligamentous pain, herniated nucleus pulposus of L5-S1 and L4-L5, degenerative disc disease of C5-6 and C6-7, deconditioning of musculoskeletal system, chronic chondromalacia of the left knee, and status post contusion of the left shoulder. The current treatment plan includes follow-up appointments, consider transferring care to a pain management specialist, analgesics, anti-inflammatories, anxiolytics, antidepressants, and or anticonvulsant compounds may be considered, functional restoration program may be considered, and an epidural steroid injection should remain as a treatment option.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR CAPS (N) CREAM-3 (COMPOUND): Upheld

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

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

Decision rationale: Regarding request for a topical compound, it is unclear what medications are contained in the requested topical compound. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Guidelines go on to state that topical medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, it is unclear exactly what is contained in the currently requested compound. Therefore, it is impossible to determine exactly what guidelines to apply. Additionally, there is no specific documentation of neuropathic pain which has not responded adequately to a trial on antidepressants and anticonvulsants, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical compound is not medically necessary.