

Case Number:	CM13-0025529		
Date Assigned:	11/20/2013	Date of Injury:	12/05/2002
Decision Date:	09/15/2014	UR Denial Date:	09/03/2013
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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

The patient is a 42 year old male injured worker with date of injury 12/5/02 complains of low back pain that radiates to his bilateral lower extremities. He is diagnosed with spinal discopathy. A lumbar spine MRI performed 7/1/10 revealed an annular tear at the right L3-L4 level, and modest left eccentric annular bulging at L2-L3, L3-L4, and L4-L5. Transforaminal epidural steroid injection was performed 8/11/12. The injured worker is refractory to therapy per 3/18/13 provider note (does not specific physical or occupational) and oral medication. The date of UR decision was 9/3/13. The latest medical record available for this review is dated 10/21/13

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF TRANSDERMALS:
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): 111-113.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines p 111 "The use of these compounded agents requires knowledge of the specific

analgesic effect of each agent and how it will be useful for the specific therapeutic goal required."There is no description in the medical records provided for review of what "transdermals" were prescribed or the rationale. The request for authorization form requires the physician provide information to support the request. This has not been done, and without a description of the topical analgesic, it cannot be compared accurately to MTUS criteria. The unknown topical analgesic cannot be confirmed to be in accordance with MTUS, and therefore does not meet the definition of "medically necessary". The request for an unknown prescription of transdermals is not medically necessary.