

Case Number:	CM13-0033668		
Date Assigned:	12/06/2013	Date of Injury:	07/07/2008
Decision Date:	07/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 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 31-year-old female injured on 7/7/2008. The mechanism of injury was not listed. Progress notes, dated 7/29/2013 and 9/6/2013, indicated that there were ongoing complaints of low back pain that radiate to the right lower extremity, as well as right ankle pain. Physical examination demonstrated slow guarded movements, decreased sensation at right L4 through S1, active range of motion of the lumbar spine produced localized pain and spasm, flexion 20, extension 10, lateral right/left flexion 10; positive Valsalva test; positive Kemp's test; positive straight leg raise test on right; tenderness to right lateral ankle jointline; ankle range of motion: Plantar flexion 10, dorsiflexion 35, inversion 25, eversion 15; increase pain with inversion, stability and anterior/posterior Drawer tests; motor strength: 4/5 right lower extremity. MRI of the lumbar spine, dated 12/26/2012 demonstrated a 3.8 mm broad based disk protrusion eccentric to the left, bilateral foraminal stenosis at L5-S1 with a Grade I spondylolisthesis and loss of intervertebral disk height. Previous treatment included #18 sessions of physical therapy, #2 cortisone injections into the right ankle, #3 lumbar epidural steroid injections and Vicodin. A request had been made on 7/29/2013 for TGHOT Cream and on 9/6/2013 for one consultation with a spine specialist, which was not certified in the utilization review on 9/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TGHOT CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". There was no discussion of what medications were in the TGHot Cream, and since the components of this cream are unknown, it is considered experimental. As such, this request is not considered medically necessary.

ONE CONSULTATION WITH A SPINE SPECIALIST: Overturned

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 Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: American College of Occupational and Environmental Medicine guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Given the lumbar spine MRI findings, this request is considered medically necessary.