

Case Number:	CM13-0046398		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2012
Decision Date:	05/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 case involves a 41-year-old male roofer who was injured on July 9, 2012 when he fell off a roof onto concrete and fractured his left pelvis. He has been diagnosed with lumbar strain, status post (s/p) open reduction and internal fixation (ORIF) pelvis; left knee anterior cruciate ligament (ACL) tear, left ankle strain. According to the October 10, 2013 orthopedic report from [REDACTED] the patient presents with 8/10 pain in the lumbar spine, left hip and left knee, and 3/10 pain in the left foot. On October 28, 2013 Utilization Review (UR) recommended noncertification for a request for cyclo-keto-lido cream and a SolarCare far-infrared radiant (FIR) portable heating unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF CYCLO-KETO-LIDO 240GM, #1 WITH ONE (1) REFILL: 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: According to the October 10, 2013 orthopedic report from [REDACTED], the patient presents with 8/10 pain in the lumbar spine, left hip and left knee, and 3/10 pain in the left foot. A compounded topical medication consisting of cyclobenzaprine, Ketoprofen and lidocaine was requested. According to the California MTUS guidelines, states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines specifically state that Ketoprofen is not FDA approved for topical applications. Therefore the requested compounded medication is not medically necessary.

ONE (1) SOLARCARE FIR PORTABLE HEATING UNIT WITH PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Infrared therapy (IR).

Decision rationale: According to the October 10, 2013 orthopedic report from [REDACTED], the patient presents with 8/10 pain in the lumbar spine, left hip and left knee, and 3/10 pain in the left foot. A SolarCare far-infrared (FIR) portable heating unit with pad was requested. The California MTUS/ACOEM guidelines do not recommend diathermy for back symptoms due to insufficient testing, but does not specifically discuss infrared therapy. The Official Disability Guidelines states that infrared therapy for the low back states it is not recommended over other heat therapies. The request for the SolarCare far-infrared portable heating unit does not appear to be in accordance with guidelines and is therefore not medically necessary.