

Case Number:	CM13-0047629		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2010
Decision Date:	02/13/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/09/2013

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, has a subspecialty in 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 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:

The patient is a 56-year-old male with date of injury on 12/09/2010. The progress report dated 08/08/2013 by [REDACTED] indicated that the patient's diagnoses include: Cervical radiculopathy, lumbosacral radiculopathy, and shoulder tendinitis and bursitis. The patient continues with back pain as well as bilateral leg pain. Exam findings include: Spasm and tenderness in the paravertebral muscles of the lumbar spine. The patient had received topical analgesic cream which was denied by the utilization review letter dated 09/11/2013 as the topical cream contained ingredients that were not recommended by MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-KETO%/LIDO 10%/BACLO 10% 180gm 30 day supply, 180 count, 0 refills: Upheld

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

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

Decision rationale: This patient continues with back pain, lower extremity pain as well as shoulder pain with tendinitis. The Chronic Pain Medical Treatment Guidelines page 111 to 113 regarding topical analgesics states that any compounded product that contains at least 1 drug or

drug class that is not recommended is not recommended. This topical cream includes baclofen which is not recommended in topical formulation. Therefore, the request for C-KETO%/LIDO 10%/BACLO 10% 180gm 30 day supply, 180 count, 0 refills, is not medically necessary or appropriate.