

Case Number:	CM13-0059713		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2013
Decision Date:	03/21/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 46-year-old female presenting with low back pain following a work-related injury on March 1, 2013. The pain is localized to the low back and radiates to the bilateral lower extremities. The physical exam was significant for limited lumbar range of motion, tender bilateral paraspinal muscles and positive straight leg raise at the right posterior thigh at 60° and left posterior thigh at 50°. The claimant's medications include Percocet, tramadol, etodolac, Clonazepam, Wellbutrin, Flector patches, trazodone and Ambien. The claimant was diagnosed with acute lumbar strain without worsening herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Theraflex cream 180gm: 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.

Decision rationale: The MTUS Chronic Pain Guidelines page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-

line therapy (anti-depressants or AED.)" There was no documentation that the claimant failed or could not tolerate first line therapy. The request is not medically necessary and appropriate.