

Case Number:	CM13-0071493		
Date Assigned:	01/29/2014	Date of Injury:	05/11/1953
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/28/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of May 21, 1999 (the date of injury appears to have been incorrectly written on the Independent Medical Review cover sheet). Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of December 11, 2013, the claims administrator denied a request for a topical Solaraze gel. The applicant's attorney subsequently appealed. Multiple handwritten notes throughout 2012 and 2013 were surveyed. These notes were somewhat difficult to follow. In a June 5, 2013 progress note, the applicant was described as reporting 8-9/10 low back pain. The attending provider wrote that he did not believe the results of electrodiagnostic testing performed were accurate. Permanent work restrictions were renewed, along with a variety of medications. On December 2, 2013, the applicant was given refills of Cymbalta and Solaraze.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLARAZE 3%: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are largely experimental, and are primarily recommended for applicants with neuropathic pain in whom antidepressants and/or anticonvulsants have been attempted and/or failed. In this case, however, the applicant is apparently using an antidepressant adjuvant medication, Cymbalta, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the largely experimental Solaraze gel. Therefore, the request is not medically necessary.