MAXIMUS Federal Services

Case Number:	CM14-0000264		
Date Assigned:	01/17/2014	Date of Injury:	07/04/2006
Decision Date:	07/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 patient is a 45-year-old female who has submitted a claim for cervical and lumbar radiculitis associated with an industrial injury date of 7/4/06. Medical records from 1/3/13 to 1/29/14 were reviewed, which showed that the patient complained of persistent left upper extremity pain at 5-8/10 radiating to the middle finger and low back pain graded 5-8/10 radiating to bilateral lower extremities. Physical examination of the cervical spine revealed paracervical muscle spasm and tenderness with decreased range of motion. Sensation to light touch and deep tendon reflexes were intact for bilateral upper extremities. Spurling's test was positive on the left. Physical examination of the lumbar spine revealed paravertebral spasm and tenderness. The bilateral sacroiliac joints were tender. Lumbar range of motion was decreased and performed with pain. Braggard's test was positive bilaterally. Straight leg raise was negative bilaterally. MRI of the cervical spine dated 2/28/13 revealed straightening of the cervical spine lordosis, disc desiccation, and broad based central disc herniation at C5-6 measuring 1mm. X-ray of the lumbar spine done on 1/3/13 revealed previous posterior laminectomy and discectomy with fusion and intradiscal prosthetic spacer, osteopenia, and multilevel degenerative changes. An MRI of the lumbar spine dated 2/28/13 revealed postoperative changes at L5 and S1, and bilateral facet arthropathy L4-5. Treatment to date has included physical therapy, Neurontin, and compounded analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED ANALGESIC CREAMS: Upheld

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

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

Decision rationale: According to pages 111-113 of the California MTUS Chronic Pain Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the patient has been using compounded analgesic creams since 1/29/13. However, there was no discussion concerning the need for compounded analgesic cream use. Moreover, the compounded analgesic cream's active ingredients were not specified. Therefore, the request for prescription of compounded analgesic cream is not medically necessary.