

Case Number:	CM14-0002429		
Date Assigned:	01/24/2014	Date of Injury:	09/07/2011
Decision Date:	06/09/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Preventative 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 an industrial injury of September 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; NSAID therapy; unspecified amounts of physical therapy; and epidural steroid injection therapy. In a utilization review report dated December 23, 2013, the claims administrator denied an unspecified topical cream while approving Naprosyn and omeprazole. A November 6, 2013 progress note is notable for comments that the applicant had failed three epidural steroid injections, had consulted a spine surgeon, but was hesitating about pursuing a surgical remedy. The applicant was on Naprosyn and omeprazole, it was stated. It was stated that the applicant's low back pain complaints with resulted cumulative trauma at work. Naprosyn, Prilosec, and unspecified transdermal topical compounds were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/18/13) FOR TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's seeming successful usage of first line oral pharmaceuticals such as Naprosyn effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents. In this case, it is further noted that the attending provider has not furnish the ingredients of or the name of the compound in question. Therefore, the request is not medically necessary.