

Case Number:	CM14-0004674		
Date Assigned:	01/22/2014	Date of Injury:	08/02/2013
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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 injured worker is a 30-year-old male with a date of injury reported on 4/9/07; the mechanism of injury was not provided for review. The injured worker's diagnoses included lumbosacral radiculopathy. A clinical note dated 11/18/13 noted that the injured worker had continued lower back pain radiating in the right lower extremity with numbness and weakness. Upon examination, it was noted that spasms, tenderness, and guarding are noted in the paravertebral musculature of the lumbar spine with decreased range of motion. It was also noted that the injured worker had decreased sensation over the L4-5 dermatomes on the right side. The treatment plan included a refill of unknown topical patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL OF TOPICAL PATCHES (DATE OF SERVICE: 11/18/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112

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

Decision rationale: The California MTUS Guidelines state that topical analgesics may be recommended if they are approved for use and that any compounded product that contains at least 1 drug or drug class that is not recommended than the entire compounded product is not recommended. This request remains unclear as there is a lack of documentation provided showing what exact topical patch was being requested, and the ingredients that make up that precise topical patch. Without such information, the medication cannot be recommended and the request is not medically necessary.