

Case Number:	CM14-0007774		
Date Assigned:	02/10/2014	Date of Injury:	04/06/2007
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery 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 injured worker is a 60 year old female who was injured on April 2007. The mechanism of injury was noted as a blunt force trauma to the cervical, thoracic and lumbar spine. Surgical intervention was completed. There are ongoing complaints of low back pain. There were hematological complications requiring transfusion. The patient's current complaints focus on the low back pain. The use of a TENS unit was non-certified. The use of a topical analgesic preparation was also not certified. The treatment to date has included surgery, physical therapy blood transfusions, medications and other attempts at pain control. The physical examination notes a decrease in cervical spine range of motion. There is no noted atrophy. The requested topical preparation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTAINER OF TRAMADOL 15%, DEXTROMETHORPHAN 10 % AND CAPSAICIN 0.025%: 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): 111-113.

Decision rationale: The use of such topical preparations is not supported in the MTUS, further the medical records reviewed do not indicate any type of substantive efficacy for this preparation. There is no noted evidence of a neuropathic pain generator and given the injury sustained and surgery completed, the pain appears to be nociceptive and not amenable to this type of intervention. Therefore the service is not medically necessary or appropriate.