

Case Number:	CM14-0008564		
Date Assigned:	02/12/2014	Date of Injury:	05/10/2013
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 & Rehabilitation 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 36-year-old female who reported an injury on 05/10/2013. The mechanism of injury was not provided in the documentation. Per the clinical note dated 01/02/2014, the injured worker reported decreased lower back pain. The injured worker reported she completed 6 sessions of acupuncture with good relief. On physical exam, she had no swelling to her feet. There was tenderness to the paravertebral musculature bilaterally, motor strength was 5/5 and sensory to light touch and pinprick was intact. MRI of the lumbar spine showed mild facet hypertrophy at L3-4, L4-5, and L5-S1; central herniation at L5-S1 without central or foraminal stenosis. Electrodiagnostic studies performed on 09/18/2013 were normal. MRI of the cervical spine reported posterior left paracentral disc protrusion at L4-5 which indents the anterior thecal sac, but does not result in significant spinal stenosis or neural foraminal narrowing, central disc protrusion at C5 and C6 without evidence of spinal stenosis or neural foraminal narrowing, and slight disc desiccation at C3-4, C4-5, and C5-6. The request for authorization for medical treatment and the provider's rationale for the request for the medication compound neurogenic pain relief lotion were not provided in the documentation. There was a lack of documentation regarding prior treatments except for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: COMPOUND NEUROGENIC PAIN RELIEF LOTION: 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,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Per CA MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs (Non-Steroidal Anti Inflammatory Drugs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There was a lack of documentation regarding the use of any topical medications and the efficacy of those medications. The documentation submitted did not indicate the injured worker had findings that would support the utilization of a topical neurogenic pain lotion. The request did not specify the components of the compound as well as the dosage and quantity of the compound. Therefore, the request for compound neurogenic pain relief lotion is not medically necessary and appropriate.