

Case Number:	CM14-0100494		
Date Assigned:	07/30/2014	Date of Injury:	01/05/2007
Decision Date:	10/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 records presented for review indicate that this 62-year-old female was reportedly injured on January 5, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 21, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Motrin. The physical examination demonstrated full range of motion of the lumbar spine with minimal pain. Diagnostic imaging studies of the lumbar spine revealed a loss of disc height at L5 - S1 and a broad-based disc protrusion at L4 - L5 with left sided facet joint hypertrophy. There was also bilateral facet joint hypertrophy at L3 - L4. Previous treatment includes a facet rhizotomy and/or medications. A request had been made for a topical cream and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. This request does not indicate what ingredients are included for the topical cream. As such, this request for a topical cream is not medically necessary.