

Case Number:	CM14-0101768		
Date Assigned:	07/30/2014	Date of Injury:	03/27/2009
Decision Date:	10/08/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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 injured worker is a 54 year-old male who was reportedly injured on 3/27/2009. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 6/13/14, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated Lumbar spine: stimulator trial was removed understeer technique and wounds were handed. Bilateral lower extremities: range of motion equal bilaterally. Muscle strength 5/5 equal bilaterally. Sensation intact and all dermatomes. 2+ reflexes bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment includes Lumbar fusion, spinal cord stimulator, medications, and conservative treatment. A request was made for Transdermal compounding cream, urine toxicology screen and was not medically necessary in the pre-authorization process on 6/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compounded Creams: 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): 111-112.

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 California Medical Treatment Utilization Schedule, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Transdermal Compounding Cream is not medically necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The treating physician does not differentiate between a routine urinalysis and the urine toxicology screen. It is more likely that the treating physician is requesting a urine toxicology screen. Review of the medical records provided there is no indication for either a routine urinalysis or urine toxicology screen. Citation for urine toxicology screen is listed below. The documentation provided does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the injured worker with controlled substances. As such, the request is considered not medically necessary.