

Case Number:	CM14-0104538		
Date Assigned:	07/30/2014	Date of Injury:	01/21/2009
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 58-year-old female who was reportedly injured on January 21, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 19, 2014, indicated that there were ongoing complaints of right shoulder pain and low back pain. The physical examination demonstrated spasms and tenderness over the lumbar spine paravertebral muscles. There was decreased lumbar spine range of motion with guarding. Neurological examination noted decreased sensation at the left L4 and L5 dermatomes. The physical examination of the right shoulder noted a positive impingement and Hawkin's sign. There was decreased shoulder motion with abduction of 100. Diagnostic imaging studies of the lumbar spine showed a disc collapse and herniation at the L5-S1 level and to a lesser degree at the L4-L5 level. There was also disk desiccation and decreased disc height at L3-L4. Previous treatment was not discussed during this visit. A request was made for lidocaine powder, ketoprofen powder, gabapentin powder and Pentravan cream and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective (3/20/14) Lidocaine powder, Ketoprofen powder, Gabapentin powder:
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 recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for lidocaine powder, ketoprofen powder, and gabapentin powder is not medically necessary.

retrospective (3/20/14) Pentravan cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009 Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Pentravan cream is not medically necessary.