

Case Number:	CM14-0108363		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2014
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/11/2014

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 60 year old female was reportedly injured on February 28, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of pain at the coccyx in the sacrum. The physical examination demonstrated tenderness of the coccyx in the sacrum. There was a normal lower extremity neurological examination. Diagnostic imaging studies do not show any coccyx fracture. There was mild chronic disc degeneration at L4 to L5 and L5 to S1. Previous treatment includes the use of Ultram and Salon pas. A request was made for unspecified compounded medications and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified compound medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Medical Treatment Utilization Schedule (MTUS), when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for any unspecified compounded medication is not medically necessary.