

Case Number:	CM14-0012922		
Date Assigned:	02/24/2014	Date of Injury:	03/02/2010
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 48-year-old male injured on 03/02/10 while riding a horse he struck his head resulting in head and back pain. Current diagnoses included status post lumbar spine fusion at L4-S1 on 10/19/11 with adjacent level herniated nucleus pulposus, failed low back syndrome, facet syndrome at L3-S1, and depression/anxiety. Clinical note dated 12/02/13, indicated the injured worker presented with complaints of low back pain rated 7/10. The injured worker was status post facet block injection to the lumbar spine with two days of pain relief. Current medications included Neurontin, transdermal patch, oxycontin 20mg, Abilify 5mg, Novagel, Lexapro, clonazepam, Senna, and Colace. Physical examination revealed limited range of motion and spasm of the thoracolumbar spine, Kemp test and straight leg raise positive bilaterally. Initial request for TGHOT was initially non-certified on 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT: 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, CHAPTER TOPICAL ANALGESICS,

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

Decision rationale: According to the Chronic Pain Guidelines, the safety and effectiveness of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation indicates the injured worker is currently utilizing both types of these medications. Therefore the request for TGHOT cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.