

Case Number:	CM14-0016154		
Date Assigned:	03/05/2014	Date of Injury:	11/01/2006
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/09/2014

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 California. 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 begin with a non certification of the request of topical preparation. The request for treatment indicated the diagnosis was status post lumbar fusion, lumbar radiculopathy and post laminectomy syndrome. There is a clinical evaluation dated May, 2013 noting a limited range of motion and tenderness to palpation, muscle spasm and a positive sciatic stretch test. Previous progress notes indicate no noted efficacy or utility with the preparation being prescribed. There are citations listed outlining the literature but there is no objective information presented to demonstrate the utility of such a topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG ICE CREAM (TRAMADOL, GABAPENTIN, MENTHOL, CAMPHOR) 180GM:
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, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 C.C.R. §§9792.20 - 9792.26; MTUS (EFFECTIVE JULY 18, 2009) , PAGE 111 OF 127

Decision rationale: The "progress notes" presented are nothing more than templated documentation that have no objective clinical information unique to the injured employee. There is no noted efficacy, utility for the medication being prescribed, although there is an indication that such an assessment would be completed subsequent to the initial utilization of this preparation. Therefore, based on this complete lack of any clinical information relative to the injury sustained, there is insufficient clinical information to support this request.