

Case Number:	CM14-0110497		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2013
Decision Date:	10/07/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/1/13. A utilization review determination dated 6/20/14 recommends non-certification of topical compound cream. 4/9/14 medical report identifies low back pain with pain down the legs, stress, and trouble sleeping. On exam, there is tenderness and mild range of motion (ROM) limitation. Recommendations include UA, topical creams, MRI, heating pad, back support, pain management, psych referral, and sleep studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream (unspecified type, qty, dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical compound cream, CA MTUS does provide limited support for the use of some specific topical medications, but without any documentation of the specific components of the cream, the medical necessity of the cream cannot be weighed against the CA MTUS criteria for its use. In the absence of such documentation, the currently requested topical compound cream is not medically necessary.

