

Case Number:	CM14-0113383		
Date Assigned:	08/06/2014	Date of Injury:	10/22/2012
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 underlying date of injury in this case is 10/22/2012. Treating diagnoses include brachial radiculitis, lumbar radiculitis, lumbar disc protrusion, right hip internal derangement, right knee sprain, and right knee chondromalacia. On 02/01/2014, a primary treating physician followup report noted that the patient complained of constant neck pain radiating to the left upper extremity with numbness and tingling and also constant low back pain radiating into the lower extremities with numbness and tingling. The patient was also noted to have constant right hip pain and constant right knee pain. The patient was prescribed Norco and was also prescribed a drug screen. Treatment plan included review of past medical records. An initial physician review noted that insufficient information had been provided to support a medical necessity decision regarding multiple treatment requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) Cream - LA, 180 g, Between 6/2/14 and 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very little clinical information to support the rationale for topical analgesic treatment. This information is not sufficient to support this request. This request is not medically necessary.

Gabacyclotram Compound Cream 180 grams, Between 6/2/14 and 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very little clinical information to support the rationale for topical analgesic treatment. This information is not sufficient to support this request. This request is not medically necessary.

Terocin Cream 240 ml, Between 6/2/14 and 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very little clinical information to support the rationale for topical analgesic treatment. This information is not sufficient to support this request. This request is not medically necessary.

Terocin Pain Patches, #20, Date of Service 3/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very little clinical

information to support the rationale for topical analgesic treatment. This information is not sufficient to support this request. This request is not medically necessary.

Capsaicin 0.025%, Between 6/2/14 and 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very little clinical information to support the rationale for topical analgesic treatment. This information is not sufficient to support this request. This request is not medically necessary.

Menthoderm Gel 240 ml, Date of Service 3/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very little clinical information to support the rationale for topical analgesic treatment. This information is not sufficient to support this request. This request is not medically necessary.

30 Somnicin, Between 6/2/14 and 8/5/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Other Guidelines Used" Melatonin and B6 Compound.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain, Insomnia.

Decision rationale: The Official Disability Guidelines/Treatment in Workers' Compensation discusses insomnia treatment in the section of pain noting that pharmacological treatment should be used only after careful evaluation of potential causes of sleep disturbance. The medical records do not contain such an evaluation of the cause of any potential sleep disturbance. The

available clinical information overall is very limited for the purpose of this review. Given this limited information, this request is not medically necessary.