

Case Number:	CM14-0119833		
Date Assigned:	08/06/2014	Date of Injury:	03/24/2003
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is 67 year old male presenting with chronic pain following a work related injury on 03/24/2003. On 02/21/2014, the claimant complained of persistent pain in the low back. On examination, there is tenderness from the mid to distal lumbar segments and pain with terminal motion, seated nerve root test positive, dysesthesia at the right L5 and S1 dermatomes, weakness of the ankles and toes. The claimant was diagnosed with L4-5 segmental instability, L5-S1 completed disc space height collapse, neural compression with lumbar radiculitis, right greater than left. Electrodiagnostic study evidence of right L5 radiculopathy. The provider recommended TENS unit, large heating pad and cold pack for symptomatic relief. According to the medical records the claimant remains permanent and stationary and will return to the clinic on an as-needed basis. A claim was made for compounding cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Lido/Caps/Menth/Cam 120gm x 2 refills: 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): 111-112.

Decision rationale: According to the MTUS it does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, guidelines state that topical analgesics such as Lidocaine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA approved products are currently recommended. Not recommended for non-neuropathic pain. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per the MTUS; topical analgesic such as Lidocaine is not recommended for non-neuropathic pain; therefore the compounded topical cream is not medically necessary.