

Case Number:	CM14-0123043		
Date Assigned:	08/06/2014	Date of Injury:	02/28/2010
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 an injured worker with a date of injury of 2/28/10. A utilization review determination dated 6/13/14 recommends non-certification of CMCTGC. 5/7/14 medical report identifies low back pain 7-8/10, decreased to 1-2/10 with medication. Left hip pain is 3-4/10 with medication and 9/10 without. Injured worker has difficulty sleeping due to pain and discomfort. On exam, there is paralumbar tenderness and myospasm, decreased ROM, left hip tenderness and decreased ROM. Recommendations include PT/CMT, ESI, and multiple medications including Anaprox, Tramadol, Pantoprazole, Terocin Patch, and topical creams FCL and CMCTGC. Trigger point injections and Toradol injection were given.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMCTGC 180 gm. (Dosage, Frequency and Quantity Unspecified) for symptoms related to Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006 Physician's Desk Reference 68th ed. www.RxList.com; Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com.

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

Decision rationale: Regarding the request for CMCTGC, California MTUS does provide support for some topical medications for specific indications. However, the medical records provided do not indicate the component(s) of the topical medication requested such that the appropriate guidelines can be applied. In the absence of clarity regarding the above issues, the currently requested CMCTGC is not medically necessary.