

Case Number:	CM14-0137193		
Date Assigned:	09/05/2014	Date of Injury:	09/29/1987
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Nevada. 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 indicate that this 81-year-old female was reportedly injured on September 29, 1987. The most recent progress note, dated June 23, 2014, indicates that there are ongoing complaints of back pain. The physical examination demonstrated the presence of a poorly fitting back brace. There was increased lumbar spine lordosis and tenderness in the right pelvic junction and the right sciatic notch. There was increased pain with lumbar spine range of motion. There was an antalgic gait favoring the right lower extremity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications, activity modification, and the use of a back brace, a heating pad, Lidopro, and warm baths. A request had been made for Versabasea and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Versabasea (Menthe/Caps/Methyl/Salic/Lido/PCCA Emulsifix/Prop Glycol): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Versabasea (Menthe/Caps/Methyl/Salic/Lido/PCCA Emulsifix/Prop Glycol) is not medically necessary.