

Case Number:	CM14-0139919		
Date Assigned:	09/08/2014	Date of Injury:	12/02/2013
Decision Date:	11/04/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 36-year-old male who reported an injury on 12/02/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include pubic symphysis pain, mechanical low back pain, and right SI joint dysfunction. The latest Physician's Progress Report submitted for this review is documented on 04/11/2014. Previous conservative treatment is noted to include SI joint injections, physical therapy, chiropractic treatment, medications, and home exercise. The injured worker presented with complaints of low back pain and right gluteal pain. Physical examination revealed guarding, limited lumbar range of motion, normal motor strength in the lower extremities, tenderness to palpation, and 2+ deep tendon reflexes. Treatment recommendations included prescriptions for Motrin 800 mg and Vicodin 5/300 mg. The injured worker was also referred to the HELP Functional Restoration Program. A request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic (Valley Cream BCF-G #60 for lumbar spine): Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of this injured worker's current utilization of this medication. There is also no strength or frequency listed in the request. There is no mention of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is not medically appropriate.