MAXIMUS Federal Services

Case Number:	CM14-0150936		
Date Assigned:	09/19/2014	Date of Injury:	12/10/1998
Decision Date:	10/29/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 50 year old with a work injury dated 12/10/98. The diagnoses include chronic hypotension, asthma, hypertensive renal disease, malignant, with chronic kidney disease stage V or end stage renal disease, muscle spasm,myalgia and myositis, brachial neuritis or radiculitis, and degeneration of the cervical intervertebral disc Under consideration is a request for 1 Sombra Warming Gel.There is a primary treating physician report dated 7/16/14 that states that the patient had decreased myofascial pain rated at 4/10. Pain was described as intermittent, dull, and throbbing which can increase to sharp, shooting pain with tingling and burning sensation radiating into the neck, upper back, arms, hands, and feet. The symptoms were exacerbate by everything and only alleviated by epidurals, acupuncture therapy, ice, and TENS unit. Since the last visit the pain remain unchanged. The pain interfered with activities of daily living. On examination there is decreased cervical range of motion due to pain and spasm, less significant spasm and twitching upon palpation of the trapezius and levator scapulae muscles, point tenderness of the deep cervical fascia, extension caused facet-loading pain, and the cervical facets were tender. Diffuse myofascial pain was present in the arms and forearms. Ipsilateral rotation and extension reproduced radicular pain down the ipsilateral arm.The treatment plan includes Butrans Patch and a request for Sombra warming gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sombra Warming Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics,Salicylate topicals Page(s): 111-113,105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.sombrausa.com/warm-therapy

Decision rationale: 1 Sombra Warming Gel is not medically necessary per the MTUS Guidelines. A review of this product online reveals that it contains menthol and camphor. Menthol is an ingredient in Ben Gay which is a topical Salicylate supported by the MTUS. Camphor is not discussed in the MTUS,ODG, or National Guideline Clearinghouse . According to the Chronic Pain Treatment Guidelines MTUS (9792.20-9792.26 page 111) There is little use to support the use of many of these agents.(Topical analgesics). The documentation does not reveal intolerance to oral medications. It is unlikely that Sombra will aid in functional improvement or significant lasting improvement in pain. The patient states that her pain is only alleviated by epidurals, acupuncture therapy, ice, and TENS unit.The request for 1 Sombra Warming Gel is not medically necessary.