

Case Number:	CM14-0155189		
Date Assigned:	09/25/2014	Date of Injury:	12/02/1997
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 12/02/1997. The mechanism of injury was not submitted for clinical review. The diagnoses included status post prior spinal fusion surgery, low back pain, chronic pain, status post spinal cord stimulator implant. The previous treatments included surgery, spinal cord stimulator, and medication. Within the clinical note, dated 09/26/2014, it was reported the injured worker complained of low back pain and muscle spasms. She rated her pain 3-4/10 in severity. Upon the physical examination, the provider the injured worker had full lumbar full flexibility, but was hesitant with flexion and extension at 50%. There was decreased sensation in the left leg noted on the physical examination. The request submitted for compound pain gel; however, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound pain gel 60 gram bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The request for Compound pain gel 60 gram bottle is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The request submitted failed to provide the specific type of medication to be provided. Therefore, the request is not medically necessary.