

Case Number:	CM14-0028978		
Date Assigned:	04/07/2014	Date of Injury:	04/22/2008
Decision Date:	05/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/17/2014

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 Family Practice and is licensed to practice in Texas. 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 04/22/2008 due to a fall. The injured worker reportedly sustained an injury to his neck, shoulders, knees, and pelvis. The injured worker's treatment history included physical therapy, multiple medications, and a home exercise program. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had limits in lumbar range of motion secondary to pain and a positive bilateral straight leg raising test. The injured worker's diagnoses included lumbar sprain or strain, lumbar facet syndrome, lumbosacral radiculopathy, sacroiliac joint pain. The injured worker's treatment plan included physical therapy, pain psychology consultation followed by 4 to 6 visits to assist the injured worker in managing his chronic pain in conjunction with a home exercise program and topical analgesics for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO/GABA CREAM 10%/10%: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants or gabapentin as topical analgesics as there is little scientific evidence to support the efficacy and safety of these medications in a topical formulation. The California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. Also, the request as it is submitted does not provide duration of treatment, or a body part to be applied for. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested "cyclo/gaba cream 10%/10%" is not medically necessary or appropriate.

PAIN PSYCHOLOGY CONSULTATION (4-6 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations And Behavioral Interventions Page(s): 100 and 23.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend psychological evaluations for injured workers who are at risk for delayed recovery. The clinical documentation submitted for review does support that the injured worker would be at risk for delayed recovery due to the length of the injury. However, the request includes treatment. The appropriateness of treatment would need to be based on the results of the consultation. As the request includes both consultation and treatment, the appropriateness of the request itself cannot be determined. As such, the requested pain psychology consultation for 4 to 6 visits is not medically necessary or appropriate.