

Case Number:	CM14-0031884		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2001
Decision Date:	08/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery 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 44 year-old male who was reportedly injured on February 7, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated December 2012, indicated that there were ongoing complaints of low back pain. The physical examination was not reported. Diagnostic imaging studies objectified were not reviewed. Previous treatment included lumbar fusion surgery and knee arthroscopy. A request was made for topical medications and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3 percent 1 patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,112.

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

Decision rationale: When noting the date of injury, the multiple surgeries (knee arthroscopy & lumbar fusion), completed and in that there were no progress notes for greater than 15 months presented for review. There was insufficient clinical evidence to support the need for this

Topical Non-Steroidal Anti-Inflammatory medication. Furthermore, the American College of Occupational and Environmental Medicine guidelines do not support the use of Topical Non-Steroidal medications, as there was no noted efficacy. Therefore, this request is not medically necessary.

Docusate Sodium 100mg 1cap PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: When noting the date of injury, the multiple surgeries completed, the lack of clinical information subsequent to December, 2012 and by the parameters listed in the California Medical Treatment Utilization Schedule Guidelines, which note that this medication is useful in the treatment of constipation, there was no clear evidence that this malady existed or there were any complaints relative to bowel movements. Therefore, based on the complete lack of information subsequent to December, 2012 there were insufficient data to support this request. Therefore, this request is not medically necessary.