

Case Number:	CM14-0032549		
Date Assigned:	06/20/2014	Date of Injury:	12/17/2011
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neurological 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 54-year-old male injured on December 17, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated November 2013, indicated that there were ongoing complaints of neck back and extremity pain. The physical examination demonstrated a decreased range of motion. Diagnostic imaging studies objectified multiple level degenerative changes in the cervical, thoracic and lumbar spine. Previous treatment included bilateral lumbar facet injections, surgical interventions (facet rhizotomy) and urine drug screening. A request had been made for a topical preparation and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective - Ketofen/Glycerin/Lidocaine/Capsaicin/Tramadol #120 30 day supply.:
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 : 8 C.C.R. 9792.20 - 9792.26. (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: It was noted that there were references to gastrointestinal distress. However, as outlined in the Chronic Pain Medical Treatment Guidelines, topical non-steroidal preparations are "largely experimental," and the progress notes reviewed did not demonstrate any efficacy or utility with the intended outcome. Furthermore, when noting the multiple component preparation, and as outlined in the Chronic Pain Medical Treatment Guidelines, when one component is not clinically indicated, the entire preparation was not indicated. Therefore, this combination compounded preparation is not medically necessary.