

Case Number:	CM14-0044689		
Date Assigned:	07/02/2014	Date of Injury:	01/04/2012
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in 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 65-year-old male who reported an injury on 01/04/2012 due to lifting a large monitor and feeling a sharp pain in his lower back. The injured worker had a history of lower back pain, as well as headaches and bilateral hip pain. The injured worker had a diagnosis of lumbar spine pain, exacerbated, hip and thigh sprain, and contusion. The past treatments included extracorporeal shockwave procedure dated 09/23/2013, and physical therapy 2 to 3 times a week. The MRI dated 06/04/2014 revealed a disc desiccation at the T12-L1, with mild disc narrowing, L1-2, L2-3, L3-4, L4-5 with a disc desiccation, and L5-S1 with disc desiccation along with mild disc narrowing. The prior surgeries included a right hip surgery dated 2013. The objective findings dated 02/01/2014 of the lumbar spine revealed a forward flexion of 40 degrees and extension of 0 degrees, tenderness to palpation over the paraspinal sacroiliac joints, antalgic gait with a right limp requiring the assistance of a cane, increased thoracic kyphosis, and a negative Trendelenburg. The medications included fluriflex 180 grams, TGHOT 180 grams, and OxyContin 30 mg. No VAS scale provided. The treatment plan included a home exercise program and prescription for medications. The Request for Authorization dated 07/02/2014 was submitted within the documentation. The rationale for the nerve stimulation and the TGHOT was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of TGHOT: 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: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The frequency, dosage or duration was not addressed. Per the clinical notes provided, no measurable pain levels were provided for review or functional improvement. As such, the request is not medically necessary and appropriate.