

Case Number:	CM14-0052318		
Date Assigned:	07/11/2014	Date of Injury:	12/11/2009
Decision Date:	08/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Management 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:

According to the records made available for review, this is a 56-year-old female with a 12/11/09 date of injury, and status post laminotomy and fusion at L3-4 and L4-5 laminotomy 5/20/10 and status post anterior and posterior revision surgery L2-L5 4/23/13. At the time (4/1/14) of request for authorization for [REDACTED] a-6.2% topical cream x 1, there is documentation of subjective (improving low back pain, improving leg pain, and residual leg pain and numbness) and objective (positive tenderness to palpation, limited range of motion, 3-4/5 strength of the left, diminished sensation in the lateral portion of the left leg, positive straight leg raise on the left) findings, current diagnoses (status post revision anterior and posterior fusion instrumentation L2-L5 4/23/13 and status post lumbar fusion attempted with instrumentation 5/20/10), and treatment to date (medications (including Norco, Ambien, and topical Lidocaine cream), physical therapy, epidural steroid injections, and activity modification). The 3/24/14 medical report identifies that the special compound cream from [REDACTED] pharmacy seems to have helped the patient. There is no documentation that trials of antidepressants and anticonvulsants have failed and the specific medication that is being requested and for which diagnoses/conditions that the requested medication is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] - 6.2% topical cream x1: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, before the requested medications can be considered medically appropriate, it is reasonable to require documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Within the medical information available for review, there is documentation of diagnoses of status post revision anterior and posterior fusion instrumentation L2-L5 4/23/13 and status post lumbar fusion attempted with instrumentation 5/20/10. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of specific medication that is being requested and a diagnoses/conditions that the requested medication is indicated. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED]-6.2% topical cream x 1 is not medically necessary.