

Case Number:	CM14-0055262		
Date Assigned:	07/07/2014	Date of Injury:	01/05/2009
Decision Date:	09/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation 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 49 year old female who reported injury on 01/05/2009 that occurred during her course of employment. However, the mechanism of injury was not noted. Her diagnoses include neural foraminal narrowing at L5-S1, ulnar entrapment neuropathy of bilateral elbows, evidence of chronic S1 radiculopathy on the left. The past treatments included an epidural steroid injection. Her diagnostic testing consisted of an MRI of the lumbar spine on 05/25/2012 which indicated neural foraminal narrowing at the L5-S1 level and an electrodiagnostic test that was conducted on 04/05/2013 which indicated ulnar entrapment neuropathy of bilateral elbows and evidence of chronic S1 radiculopathy on the left. The last physical exam was on 03/11/2014 and the injured worker complained of radiating low back pain. The exam revealed the injured worker had failed with a lumbar epidural steroid injection, had tenderness to palpation, limited range of motion and positive straight leg raise test. Medications include a topical patch. The treatment plan, the rationale for the request, and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Patch: 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.

Decision rationale: The topical patch is not medically necessary. The injured worker has a history of neural foraminal narrowing, ulnar entrapment neuropathy of bilateral elbows, chronic radiculopathy on the left. The California Medical Treatment Utilization Schedule MTUS guidelines state that topical patches are experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also recommend topical patches for neuropathic pain when trials of antidepressants and anticonvulsants have failed. While the injured worker does have a history of ulnar entrapment neuropathy of bilateral elbows and low back pain, documentation does not provide evidence of the failed trial of antidepressants and anticonvulsants, the request is not supported. In addition, the specific agents included in the patch were not specified, nor was the dose, frequency, or quantity being requested. As such, the topical patch is medically not necessary.