

Case Number:	CM14-0059285		
Date Assigned:	07/09/2014	Date of Injury:	11/04/2013
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on 11/4/2013. The mechanism of injury was noted as acceleration/deceleration injury. The most recent progress note, dated 3/18/2014 indicated that there were ongoing complaints of head, cervical spine, thoracic spine, lumbar spine, and bilateral knee pains. The physical examination demonstrated cervical spine decreased range of motion with pain, +3 tenderness to palpation of the cervical paravertebral muscles, with noted muscle spasm. Cervical compression test was positive. Thoracic spine had decreased range of motion with pain, +3 tenderness to palpation of the thoracic paravertebral muscles with noted muscle spasm. There is a positive Kemp's test bilaterally. The lumbar spine had positive trigger points of paraspinals present in the lumbar spine with slow gait, decreased range of motion with pain, +3 tenderness to palpation of the lumbar paravertebral muscles, with muscle spasm noted. There is a positive straight leg raise bilaterally. Left and right knee had decreased range of motion with pain 0-135/140 and +3 tenderness to palpation of the anterior, lateral, medial, and posterior knee. There is a positive McMurray's test. Diagnostic imaging studies included x-rays of the cervical spine, which reveal decreased lordosis and degenerative osteophytes. Previous treatment includes physical therapy, and medications. A request had been made for fluri/tram/mediderm base 30 gm and was not certified in the pre-authorization process on 4/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Fluri/Tram/Mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 41, 63, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental, and that any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.