

Case Number:	CM14-0059682		
Date Assigned:	07/09/2014	Date of Injury:	12/06/2012
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
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 injured worker is a 33-year-old female who was reportedly injured on December 6, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 12, 2014, indicates that there were ongoing complaints of bilateral arm pain, bilateral leg pain, mid and low back pain. The physical examination was not performed. Diagnostic imaging studies were not reported. Previous treatment included multiple medications and physical therapy. A request was made for a topical preparation and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Max freeze gel 3.7% #113: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009); Page(s): 111-113.

Decision rationale: This is an over-the-counter, topical preparation designed to address pain complaints. Given that the treating provider did not repeat, the physical examination indicates

that there is no efficacy or utility with this preparation. Therefore, the continued use of this medication is not medically necessary.