

Case Number:	CM14-0061526		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2011
Decision Date:	09/09/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	05/02/2014

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 35-year-old individual was reportedly injured on 5/1/2011. The mechanism of injury was noted as cumulative trauma. The most recent note utilization review, dated 4/18/2014, indicated that there were ongoing complaints of low back pain that radiated down the right lower extremity. The physical examination demonstrated an antalgic gait, normal heel-toe walk but pain with heel walking. There was tenderness to palpation at the lumbar paraspinal muscles, quadratus lumborum, and lumbosacral junction. There was also positive tenderness to palpation at the sciatic notch with spasms noted on the right side. Decreased range of motion. Bilateral positive tripod sign. Decreased sensation to pinprick in light touch at L4-L5 and S1 dermatomes bilaterally and bilateral lower extremity muscle strength 4/5. No recent diagnostic studies are available for review. Previous treatment included chiropractic treatment, medication, injections, and conservative treatment. A request had been made for cyclo/flurb, keto/lido 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:

Retrospective Request for Cyclo / Flurb, Keto / Lido for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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.