

Case Number:	CM14-0063100		
Date Assigned:	07/11/2014	Date of Injury:	09/18/1980
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 68-year-old gentleman was reportedly injured on September 18, 1980. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 10, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities with weakness. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. There was a positive straight leg raise test bilaterally at 70. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and home exercise. A request had been made for Flur/Menth/Camp/Camp and Doral and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flur/Menth/Camp/Camp 30gm: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Flur/Menth/Camp/Camp is not medically necessary.

Doral 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sedatives/Hypnotics, Updated July 10, 2014.

Decision rationale: Doral (Quazepam) is a medication indicated for symptoms of insomnia. According to the attached medical record there is no diagnosis of insomnia. Therefore, this request for Doral is not medically necessary.