

Case Number:	CM14-0066445		
Date Assigned:	07/11/2014	Date of Injury:	12/23/2006
Decision Date:	09/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 49-year-old individual was reportedly injured on 12/23/2006. The mechanism of injury was not listed. The most recent progress note, dated 12/5/2013, indicated that there were ongoing complaints of chronic low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated the patient has slowing guarded inner transfers and ambulation. Range of motion of the lumbar spine was flexion 40 and extension 10, and muscle strength was 4/5 throughout the lower extremities due to pain. Reflexes were at the knees, and 0/4 at the ankle on the right, and on the left ankle. Sensation to light touch was intact throughout the lower extremities. No recent diagnostic studies are available for review. Previous treatment included lumbar fusion, medications, and conservative treatment. A request had been made for pain cocktail M-2 Z-4 1800 mL x 30 1/2 days and was not certified in the pre-authorization process on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain cocktail M-2 Z-4 1800 cc x 30 1/2 days: Upheld

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

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, request for Pain Cocktail M-2 Z-4 1800 ML is not considered medically necessary.