

Case Number:	CM14-0074089		
Date Assigned:	07/16/2014	Date of Injury:	09/12/2012
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/21/2014

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 39 year-old female who was reportedly injured on September 12, 2012. The mechanism of injury was noted as a lifting type event. The most recent progress note dated February 27, 2014, indicated that there were ongoing complaints of back pain with lower extremity issues. The physical examination demonstrated a 5 feet 4 inches, 255 pound individual to demonstrate a slow but regular gait. A loss of lumbar spine range of motion was reported. Deep tendon reflexes were symmetrical and equal at the knees and ankles. No specific motor or sensory testing losses were identified. There was tenderness to palpation across the lower lumbar region. Diagnostic imaging studies objectified no particular disc issues and electrodiagnostic evidence did not objectify any nerve damage in either lower extremity. Evidence of a previous lap band surgery was also noted. Previous treatment included physical therapy, multiple medications, injection therapy and other pain management techniques. An impairment rating has been assigned. A request was made for compounded medications and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Comp/Disp Serv: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112,113.

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

Decision rationale: California Medical Treatment Utilization Schedule 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". The guidelines note there is little evidence to support the use of Flexeril or Gabapentin when there is no noted neuropathic pain generator. Furthermore, there is no documentation of any conservative treatment, physical therapy or first-line medications. As such, this request is not considered medically necessary.