MAXIMUS Federal Services

Case Number:	CM14-0080612		
Date Assigned:	07/18/2014	Date of Injury:	11/02/2001
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 75 year-old individual was reportedly injured on 11/2/2001. The mechanism of injury is not listed in these records. The most recent progress note, is dated 5/22/2014, it indicates that there are ongoing complaints of neck pain, and low back pain. The physical examination demonstrated neck and low back limitations and range of motion. Limited exam today is due to patient's distress. The diagnostic imaging studies of unknown date, mentioned an MRI of the cervical spine which reveals significant degenerative and arthritic changes at the C1-C2 articulation. Previous treatment includes trigger point injections, medications, and conservative treatment. A request had been made for Ibuprofen cream, Terocin and patches, and was not certified in the pre-authorization process on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen Cream Dispensed 3/27/14: Upheld

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

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 with few randomized controlled trials to determine efficacy or safety, and that any compound product that contains at least one drug (or drug class) that is not recommended, the entire medication is not recommended. After review of the medical records provided there is no documentation of gastrointestinal issues or intolerance to oral NSAIDs. As such, this request is not considered medically necessary.

Terocin Patches Dispensed 3/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical; Capsaicin, Topical; Salicylate Topicals.

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): 56.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant does not have any clinical findings of neuropathic pain radiculopathy on physical exam today. As such, the request is considered not medically necessary.