

Case Number:	CM14-0081156		
Date Assigned:	07/18/2014	Date of Injury:	09/07/2012
Decision Date:	09/24/2014	UR Denial Date:	05/23/2014
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 California. 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 62 year old female was reportedly injured on September 7, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated July 7, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a clean and dry surgical incision, motor strength testing to be grossly intact, and no other findings were reported. Diagnostic imaging studies objectified instrumentation for cervical fusion in excellent position. Previous treatment included cervical fusion surgery, multiple medications, postoperative rehabilitation, and physical therapy. A request was made for topical medications and was not certified in the preauthorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Gram Flurbiprofen 20% Cream And Ketoprofen 20% Through [REDACTED]
[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics- NSAID.

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 of 127.

Decision rationale: Medical Treatment Utilization Schedule (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 is not recommended. The records reflect that two separate nonsteroidals are employed, and there is no noted efficacy in terms of increased functionality or decreased symptomatology presented in the progress notes. This request is not considered medically necessary.