MAXIMUS Federal Services

Case Number:	CM14-0094942		
Date Assigned:	07/25/2014	Date of Injury:	10/30/2012
Decision Date:	09/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 the injured worker is a 55 year-old individual who was reportedly injured on October 30, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a hypertensive (143/92) individual who has a normal gait protocol. There is tenderness to palpation in the thoracic and lumbar spine with myofascial spasms noted in these regions. A slight decrease in thoracic spine range of motion is noted. Grip strength is equal bilaterally. Diagnostic imaging studies objectified multiple level, ordinary disease of life disc desiccation and disc bulging. Laminectomy changes at L4-L5 are also noted on Electrodiagnostic evaluation. Previous treatment includes epidural steroid injections, multiple medications, physical therapy, and other pain management interventions. A request had been made for topical preparations and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10%, Lidocaine 2%, Tramadol 8%, Gabapentin 10%, Menthol 5%, Camphor 5%, Flubiprofen 12%/Cyclo: 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 Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of topical muscle relaxants (benzodiazepine) only as an option for patients who are intolerant of other treatments, and there is no indication that an increase over a 0.025% formulation would be effective. The request for topical TGHot is not in accordance with the MTUS guidelines. Therefore, the request for TGHot Cream is not medically necessary.