

Case Number:	CM13-0063813		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2009
Decision Date:	01/05/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 04/17/2009. The mechanism of injury was a fall. The injured worker's diagnoses included chronic low back pain and lumbar disc displacement. The injured worker's past treatments included physical therapy, hot/cold packs, and medications. The injured worker's diagnostic testing included an MRI of the lumbar spine performed in 07/2010 that was noted to reveal mild to moderate multilevel degenerative disc disease with facet arthropathy, worse at L3-4 and L4-5; no disc protrusions or extrusions; and no significant foraminal or central canal narrowing. The injured worker had no relevant surgeries included in the documentation. The injured worker's most recent evaluation was performed on 10/28/2013. The injured worker's complaints were unchanged. Upon physical examination, objective findings were noted as unchanged. The injured worker's medications were noted to include Nexium, Zantac, Neurontin, and Xanax. The request was for topical lotion 120 mL with 1 refill. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lotion 120 ml with One Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The documentation did not indicate what agents would be included in the topical lotion requested. In the absence of documentation with sufficient evidence of the agents contained in the topical lotion, the request is not supported. Additionally, as the request was written there was no frequency provided. As such, the request is not medically necessary.