

Case Number:	CM14-0116221		
Date Assigned:	08/04/2014	Date of Injury:	04/20/2009
Decision Date:	04/07/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 04/20/2009. The mechanism of injury was not specified. Her diagnoses include cervical degenerative disc disease and bilateral acromioclavicular joint surgery. Her past treatments included aquatic therapy, weight loss program, transdermal medication, medications and acupuncture. On 02/28/2014, the injured worker complained of low back pain. The physical examination revealed loss of motion with normal reflexes. The treatment plan included [REDACTED] Weight Loss Program, medications and transdermals. Her relevant medications were not noted for review. The treatment plan included a topical compound cream. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amit/Dext/Tram/Pen Cream 240 gm #1 DOS 2-28-14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease, Metronidazole (Flagyl).

Decision rationale: The request for amit/dext/tram/pen cream 240 gm #1 DOS 2-28-14 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use of 4-12 weeks. Furthermore, the Official Disability Guidelines state, antifungals are recommended as first-line treatment for osteomyelitis. The injured worker was indicated to have chronic low back pain. However, there is lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. Furthermore, there was lack of documentation to indicate the injured worker had osteoarthritis and tendinitis particularly that of the knee and elbow other joints that are amenable to topical treatments to indicate topical NSAID use. In addition, there was lack of documentation to indicate the injured worker had osteomyelitis to indicate the topical formulation for antifungals as a first line treatment. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.