

Case Number:	CM14-0187700		
Date Assigned:	11/17/2014	Date of Injury:	04/05/2002
Decision Date:	01/06/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 5, 2002. In a utilization review report dated October 11, 2014, the claims administrator failed to approve a request for a topical compounded drug while approving a combination of interferential unit/TENS unit with associated supplies and a prescription for Suboxone. The applicant's attorney subsequently appealed. In a progress note dated September 29, 2014, the applicant reported ongoing complaints of low back pain. The attending provider sought authorization for a new transcutaneous electrical nerve stimulator (TENS) unit/interferential stimulator unit on the grounds that the applicant's previous TENS unit has begun malfunctioning. A replacement device was therefore sought. It was stated that the applicant could not tolerate oral NSAIDs owing to gastritis. Suboxone was endorsed for the applicant's chronic pain syndrome. It was stated that Suboxone had been effectual. A topical compounded Diclofenac-Indocin-Lidocaine cream was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of topical cream: Diclofenac, Indomethacin, Lidocaine: Upheld

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

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

Decision rationale: Diclofenac-Indomethacin-Lidocaine containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as a diclofenac-containing compound at issue, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of sublingual Suboxone effectively obviated the need for the largely experimental topical compound at issue. Therefore, the request was not medically necessary.