

Case Number:	CM14-0195204		
Date Assigned:	12/02/2014	Date of Injury:	03/07/2010
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 66 year old patient with date of injury of 03/07/2010. Medical records indicate the patient is undergoing treatment for lumbago with bilateral radiculopathy and neuropathic pain, cervical and thoracic disc disease, sacroiliac joint and facet joint arthropathy, myofascial syndrome involving the whole spine, suprascapular neuropathy and reactive sleep disturbances. Subjective complaints include upper, mid and low back, neck, shoulders, legs and foot pain rated 6-8/10. Objective findings include decreased range of motion of lumbar spine, positive bilateral straight leg raise, positive Lasegue's sign, abnormal sensation in both legs and right sole of foot, deep tendon reflexes of bilateral ankles was 0, weakness to bilateral ankles, knees and left hip; pain at scatic notches, sacroiliac joints and facet joints. An MRI of the lumbar spine on 07/21/2010 revealed degenerative changes, L4-L5 annular bulge along with facet degeneration and ligamentum flavum thickening, resulting in mild central canal stenosis and moderate left and mild to moderate right foraminal narrowing and a 5mm disc bulge at L5-S1 with facet hypertrophy and ligamentum flavum thickening. The central canal was patent, moderate to severe right and moderate left foraminal narrowing. EMG/NCS was performed on unknown date with significant chronic left-sided L5 lumbar radiculopathy. Treatment has consisted of Neurontin, Oxycodone and Monarch cream. The utilization review determination was rendered on 11/12/2014 recommending non-certification of Generic prescription drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monarch cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 18, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested medication is not FDA approved and contains Lidocaine and Ketoprofen, which are not recommended. As such, the request for Generic prescription drug is not medically necessary.