

Case Number:	CM14-0204318		
Date Assigned:	12/16/2014	Date of Injury:	09/20/2007
Decision Date:	02/18/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 49 year old male with and injury date of 09/20/07. Based on the 09/08/14 progress report, the patient complains of pain in his back and in the left half of his body with paresthesia in his hands and in his left lower extremity. He has moderate spasm in the left lower trapezius, levator scapulae and rhomboid musculatures and also in the left paravertebral area of his lower back. Based on the 10/06/14 progress report, the patient complains of pain in his neck area and also in his lower back with radicular pains in the left upper extremity and in the lower extremities with numbness in the left of his body. He has severe depression. Based on the 11/10/14 progress report, the patient complains of pain in the region of the lower back and it's radiating in the S1 more than the L5 distribution. He still has significant left-sided L5 and S1 type of radiculopathy with muscle spasm in his neck and in his back. The patient's diagnoses includes the following: 1. Cervical spine pain 2. Cervical radiculopathy 3. Disc displacement, cervical The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 4/16/14-11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCKL/LK520 ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request is for an unspecified topical ointment BCKL/LK520 ointment #1. The patient is a 49 year-old male with neck pain and radicular symptoms related to a 9/20/07 industrial injury. 8 medical reports from 4/16/14 to 11/10/14 have been provided for review. There is no description of how the ointment is used, what the components of the ointment are, or whether it is effective. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the components of the ointment could be identified as being in accordance with MTUS guidelines, therefore the whole ointment is not recommended. The request for BCKL/LK520 ointment #1 is not medically necessary.