

Case Number:	CM15-0000133		
Date Assigned:	01/09/2015	Date of Injury:	12/14/2010
Decision Date:	03/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 63 year old male, who sustained an industrial injury on 12/14/2010. He has reported neck pain and right arm/hand symptoms. The diagnoses have included cervicalgia, intervertebral cervical disc disorder-myelopathy and degenerative cervical intervertebral disc . Treatment to date has included cervical fusion, physical therapy, steroid injections, MRI of the cervical spine and pain medication. Currently, the IW complains of neck pain which radiates into shoulder with headache. Treatment plan included medical management, interventional therapy, physical activity, and continue medication regimen with the consideration of a topical agent. On 12/05/2014 Utilization Review non-certified the request for a Topical Agent, noting as not medical necessary. The MTUS Chronic Pain Medical Treatment Guidelines were cited. The injured worker submitted an application for IMR for review of Topical Agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Agent: 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 Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that 'Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.' In this case there is no documentation of the medications included in the topical analgesic. The lack of documentation does not allow determination of efficacy or safety. Therefore the medication cannot be recommended. The request should not be authorized.