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| Case Number: | CM15-0109406 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 05/15/2011 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/06/2015 |

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 & 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 64 year old male, who sustained an industrial injury on 05/15/2011. The injured worker reported low back and right shoulder pain as the result of lifting a box from a top shelf to the ground. On provider visit dated 05/20/2015 the injured worker has reported cervical and lumbar spine pain and numbness in both feet. On examination of the cervical spine revealed tenderness and a decreased range of motion. Right shoulder revealed slight tenderness to palpation. The lumbar spine was noted to have a decreased range of motion. The diagnoses have included lumbar radiculopathy, multilevel lumbar spine advanced degenerative changes, right shoulder impingement syndrome and cervical spine multilevel advanced degenerative changes. Treatment to date has included physical therapy, injections and medication. The provider requested KGL cream #240 gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGL cream #240 G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The KGL cream #240 G is not medically necessary or appropriate.