

Case Number:	CM15-0017153		
Date Assigned:	02/03/2015	Date of Injury:	06/26/2003
Decision Date:	04/03/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 6/26/03. He has reported back pain. The diagnoses have included thoracic/lumbosacral radiculitis, lumbago, degenerative lumbar/lumbosacral intervertebral disc disease, myalgia and myositis, pain in shoulder joint and cervicgia. Treatment to date has included pain management, physical therapy, home exercise program, radio frequency ablation and oral medications. (MRI) magnetic resonance imaging of lumbar spine performed on 3/3/08 revealed protrusion at L4/5 with mild central canal stenosis and disc protrusion at L3-4 with central canal stenosis. Currently, the injured worker complains of chronic low back pain going down to right buttocks and left side to leg/foot. Right shoulder injury is also noted. On physical exam dated 12/18/14 it is noted the injured worker stated he continues to have relief from the radio frequency ablation performed in October. Right shoulder pain is noted with range of motion, residual low back pain on left side lower on buttock SI region and the neck pain is still present with myofascial pain symptoms. On 12/19/14 Utilization Review non-certified a trial of PC5001 cream 150gm, noting there is no indication of which body part is intended to be applied to, no description of the ingredients of the cream and lacking of information about the cream on the Internet. The MTUS Guidelines was cited. On 1/5/15, the injured worker submitted an application for IMR for review of trial of PC5001 cream 150gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of PC5001 cream 150gm: Upheld

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

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

Decision rationale: The documentation submitted for review did not specify the ingredients. In addition, the documentation submitted for review did not specify the target body part for the requested topical cream. Without this information medical necessity cannot be affirmed.