MAXIMUS Federal Services

Case Number:	CM15-0141858		
Date Assigned:	08/05/2015	Date of Injury:	10/09/2011
Decision Date:	09/30/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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: Pennsylvania, Ohio, 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 27 year old female who sustained an industrial injury on 10-09-2011. The results and mechanism of injury were not provided. Treatment provided to date has included: physical therapy which was reported to decrease sharp pain episodes in the knees and ankles; chiropractic treatment trial which was reported to have some benefit; medications; and conservative therapies and care. Diagnostic tests performed include: MRI of the lumbar spine (2014) with no results provided. There were no noted comorbidities or other dates of injury noted. On 06-05-2015, physician progress report noted complaints of lumbar spine pain. The pain was rated 6 out of 10 in severity, and was described as constant, sharp, burning, aching and fluctuating. The pain was reported to radiate to both lower extremities with the right worse than the left, and associated with numbness and tingling in the lower extremities. Additional complaints included right knee pain which was rated 2-4 out of 10; left knee and ankle pain which were are doing well; and intermittent right hip pain coming from the lumbar spine. Current medications were not listed. The physical exam revealed tenderness to the lumbar and sacroiliac region bilaterally, positive right straight leg raises, restricted range of motion in the lumbar spine, difficulty with rising from the seated position, and antalgic gait with assistive device. The provider noted diagnoses of lumbar spine strain and sprain with bilateral sciatica, bilateral hip pain radiating from the lumbar spine, bilateral knee strain and sprain, and bilateral ankle and arch strain and sprain with pain. Plan of care includes compounded topical analgesic creams, continued chiropractic treatment, referral to pain management, and follow-up. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes 10% cyclobenzaprine and 10% Ultram with one refill, and FMCC cream with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo 10%, Ultram 10% with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally cyclobenzaprine is specifically not recommended for topical use by this guideline. This request is not medically necessary.

FMCC cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.