Case Number:	CM15-0163129		
Date Assigned:	08/31/2015	Date of Injury:	03/01/2001
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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 54 year old female who sustained an industrial injury on March 01, 2001. The worker was employed working with machinery and heavy lifting and was exposed to cumulative trauma over the course of employment with resulting progressive injury. A chiropractic follow up dated June 10, 2015 reported the worker at one point getting some benefit from the use of topical ointments and that the Terocin patches really do not help much. She states now not much regarding medications seems to help with the pain. She is with subjective complaint of neck and bilateral shoulder and arm pan. There is recommendation for the administration of an injection to the left long head of the biceps tendon and the left shoulder joint treating a touch of bicipital tendonitis with consideration for rotator cuff tendonitis. At follow up in April 2015, she states the topical compound ointments helped a little and she is not interested in the Terocin patches any longer. Primary follow up dated February 06, 2015 reported treating diagnoses as: segmental dysfunction of cervical, thoracic and lumbar spine. The medication regimen noted consisting of the following: Ambien, Soma, Terocin patches and topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Topical Ointment 10 Grams: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5 (2), the guidelines adopted by the administrative director pursuant to Section 5307.27.

Decision rationale: The patient was injured on 03/01/01 and presents with neck pain and shoulder pain. The request is for 1 tube of topical ointment 10 grams. There is no RFA provided and the patient's current work status is not provided. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service; (C) Nationally recognized professional standards; (D) Expert opinion; (E) Generally accepted standards of medical practice; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the treater has not provided a reason for the request, nor indicated where this compounded ointment will be applied to or what the ingredients of this ointment are. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to the specific ingredients of the ointment. The request in this case was too generic and might conceivably refer to any number of ingredients in the topical and guideline citations. Medical necessity for the request cannot be established. Therefore, the requested topical ointment IS NOT medically necessary.