

Case Number:	CM15-0182858		
Date Assigned:	09/29/2015	Date of Injury:	11/20/1995
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old female, who sustained an industrial injury on 11-20-95. The injured worker is being treated for chronic pain syndrome, degeneration of lumbar intervertebral disc, arthropathy of knee joint and unspecified work related accident. Treatment to date has included oral medications including Hydrocodone 10-325mg, Omeprazole 20mg and Oxycodone 15 mg; topical Sombra cool therapy 6% gel; occupational therapy and activity modifications. On 9-9-15, the injured worker complains of intermittent low back pain which does not radiate and associated with weakness and rated 6 out of 10 with medications and 10 out of 10 without medications; and bilateral knee pain with weakness and swelling (total left knee replacement 2014). It is noted the medications "help her greatly". She is not working. Physical exam performed on 9-9-15 revealed antalgic gait, erythema, swelling and warmth of bilateral knees with crepitus and painful range and a left knee brace is noted; knee reflex bilaterally was too painful to try. A request for authorization was submitted on 9-9-15 for Hydrocodone 10- 325mg #150 with 0 refills and Sombra cool therapy 6% gel 113.6gm jar with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sombra cool therapy 6% gel 113.6gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications, Topical Analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 105 of 127. The injury was in 1995. There is lumbar and knee joint degeneration. Medicines are helpful, but she is not working. The objective functional improvement out of the medicine is not demonstrated. This is a menthol based gel. Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately non-certified and therefore is not medically necessary.