MAXIMUS Federal Services

Case Number:	CM15-0190595		
Date Assigned:	10/02/2015	Date of Injury:	04/26/2010
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 26, 2010. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for Bengay topical cream. The claims administrator referenced an RFA form received on September 4, 2015 and an associated September 2, 2015 office visit in the determination. The claims administrator seemingly framed the request as a request for a topical compounded agent. The applicant and/or applicant's attorney subsequently appealed. The bulk of the information on file comprised of case management logs, with comparatively few clinical progress notes on file. On September 2, 2015, the claimant reported ongoing complaints of neck, low back, and wrist pain status post earlier failed cervical spine surgery and status post earlier failed lumbar spine surgery. Restoril, Neurontin, and Bengay topical cream were endorsed. The applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bengay topical cream: Overturned

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, Salicylate topicals.

Decision rationale: Yes, the request for Bengay topical cream, a salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as the Bengay cream in question are recommended in the chronic pain context present here. Page 67 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that non-prescription medications such as the Bengay cream in question are likewise recommended in the chronic pain context present here. While it is acknowledged that the attending provider's September 2, 2015 progress note did not seemingly incorporate much discussion of medication efficacy, here, however, continued usage of Bengay cream was indicated, given its non-prescription nature, inexpensive cost, and lack of significant risks associated with usage of the same. Therefore, the request was medically necessary.