

Case Number:	CM15-0200157		
Date Assigned:	10/15/2015	Date of Injury:	09/05/2013
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 53 year old female with a date of injury on 9-5-13. A review of the medical records indicates that the injured worker is undergoing treatment for back, shoulders, right foot injury and left foot pain due to overuse. Progress report dated 8-14-15 reports continued complaints of neck pain rated 4-5 out of 10, lumbar back pain is rated 3-4 out of 10 with left lower extremity pain, numbness and tingling. She also has complaints of thoracic spine pain rated 5-6 out of 10 with muscle spasm. She had chiropractic care, physical therapy and acupuncture with mild relief. Bilateral shoulder pain is rated 5-6 out of 10 with complaints of heaviness. Will schedule cortisone injection to reduce symptoms. Physical exam: difficulty rising from sitting, guarding of left lower extremity, moves with stiffness. Orthopedic qualified medical evaluation dated 8-25-15 states future medical care for cervical, thoracic and lumbar spine may include: physical therapy, acupuncture, aquatic therapy, epidural steroid injections and for right knee may include: physical therapy, corticosteroid injections and possible arthroscopic right knee surgery. Request for authorization was made for Pain spray, no refills prescription date 9-23-15. Utilization review dated 10-1-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain spray, no refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams; Salicylate topicals, Topical analgesics.

Decision rationale: Regarding the request for Pain spray, no refill, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical Lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Additionally, it is supported only as a dermal patch. MTUS guidelines do not specifically mention methanol in the topical form. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Within the documentation available for review, no mention of the components was made for the Pain spray. The note dated on 9-9-15 asks for 1st relief topical spray which has Lidocaine 4% and Menthol 1%. None of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical spray medications rather than the FDA-approved patch form for this patient, despite guideline recommendations. In light of the above issues, the currently requested Pain spray, no refill is not medically necessary.