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| Case Number: | CM15-0025207 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 03/03/2011 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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, Arizona
 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 52-year-old male who reported an injury on 03/03/2011 due to an unspecified mechanism of injury. On 02/17/2015, he presented for a follow-up evaluation. He continued to complain of daily low back pain, but stated that it was better. He rated his pain at a 3/10 and noted it to be manageable with home stretching and the use of a heating pad, as well as with his medications. His medications included Voltaren 1% topical gel, Trilipix 45 mg, loratadine 10 mg, Norco 10/325 mg, tamsulosin ER 0.4 mg, omeprazole 10 mg, atorvastatin 10 mg, amlodipine 10 mg, benazepril 10 mg and fluticasone topical ointment. A physical examination of the lumbar spine showed diffuse tenderness to palpation, which was noted to be mild, full range of motion with no guarding or limitation and 5/5 strength. Lower extremity examination was noted to be normal. He was diagnosed with status post single level lumbar fusion with good postoperative recovery and myofascial pain from activity, which had improved. The treatment plan was for compound topical cream unspecified and Mobic, unspecified quantity, duration and dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cream (unspecified): 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): 98-99.

Decision rationale: The California MTUS recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed recommended oral medications to support the requested topical compound cream. Also, the specific ingredients contained within the compound cream were not stated and the frequency, dosage and quantity of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Mobic (unspecified quantity/duration/dosage): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided does not show that the injured worker was having a quantitative decrease in pain with the use of this medication to support its continuation. Also, further clarification is needed regarding how long he has been using Mobic as it is only recommended for short term treatment. Also, the dosage, frequency and quantity of the medication are not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.