

Case Number:	CM15-0037996		
Date Assigned:	03/06/2015	Date of Injury:	02/19/2004
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 2/19/2004. He reports injuring the left arm, shoulder and back while performing repetitive gardening duties and operating an edger. Diagnoses include chronic low back pain and lumbar radiculitis. Documentation also shows the injured worker sustained an abdominal hernia with surgical repair in 2007. Treatments to date include lumbosacral fusion, left shoulder arthroscopy, bilateral carpal tunnel syndrome, physical therapy and medication management. Progress notes from the treating provider dated 1/27/2015 and 12/9/2014 indicates the injured worker reported continued low back pain with radiation to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Topical Cream (Unspecified dosage): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. This request is for "Lumbar Topical Cream." This does not appear to be a brand name, and the exact contents of this cream are not known. Utilization review attempted to contact the requesting physician to determine its contents, but was unsuccessful. As this request stands, it cannot be considered medically necessary.