

Case Number:	CM15-0059541		
Date Assigned:	04/06/2015	Date of Injury:	07/27/2013
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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

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 55-year-old female injured worker suffered an industrial injury on 07/27/2013. The diagnoses included lumbar radiculopathy and facet syndrome, cervical radiculopathy. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with TENS and medications. On 2/19/2015 the treating provider reported no change in pain that radiated across the low back radiating to the hips going down the leg to the foot the pain is typically 8 to 9/10. The treatment plan included aspercreme.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) aspercreme ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: This patient receives treatment for chronic low back pain with radiation. This dates back to a work-related injury on 07/27/2013. Topical analgesics are considered

experimental in use, because clinical trials have failed to show efficacy. Aspercreme contains aspirin (ASA). ASA is an NSAID. Topical NSAIDs are not recommended to treat chronic pain. Clinical studies show that relief, if any, is short-lived and therefore, not medically indicated for the treatment of chronic pain. Aspercreme is not medically indicated.