

Case Number:	CM15-0081023		
Date Assigned:	05/01/2015	Date of Injury:	01/07/2014
Decision Date:	06/08/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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: California, North Carolina
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 59 year old male, who sustained an industrial injury on 1/7/14. He reported a back injury. The injured worker was diagnosed as having lumbo/sacral strain/sprain and rule out bilateral lower extremity radiculitis versus radiculopathy. Treatment to date has included aqua therapy, physical therapy and home exercise program. Currently, the injured worker complains of low back pain rated 8/10. Physical exam noted tenderness to bilateral paraspinal columns. A request for authorization was submitted for pain management, topical creams, continuation of home exercise program and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Acute and Chronic, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: The CA MTUS does not specifically address pain management consultations. ODG guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This claimant's care is not complex and he is not felt to be a candidate for additional pain management. He has no radiculopathy or facet mediated pain requiring interventional treatment. In addition, he has an orthopedics consultation pending to address his chronic low back pain with further evaluation and treatment. Thus a pain management consultation is not medically necessary at this time.

Creams for topical use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non steroidal anti inflammatory drugs Page(s): 111-113.

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

Decision rationale: The request is for "creams for topical use" in a claimant with chronic low back pain. Review of the records revealed only one cream, Methoderm that had been prescribed. No other topical agents were specified. Methoderm is not specifically addressed by the MTUS. Manufacturer's literature states that Methoderm is composed of a "blend of ancient natural remedies methyl salicylate and menthol." The CA MTUS state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains one drug (or drug class) that is not recommended is not recommended. The request for this topical agent is not medically necessary.