

Case Number:	CM15-0085578		
Date Assigned:	05/08/2015	Date of Injury:	08/22/2012
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 59 year old male, who sustained an industrial injury on 08/22/2012. He reported injuring his low back, neck, and left shoulder. The injured worker is currently working for his pre-injury employer. The injured worker is currently diagnosed as having cervical sprain/strain, degeneration of cervical intervertebral disc, lumbar sprain/strain, lumbosacral neuritis, rotator cuff sprain, and left shoulder sprain/strain. Treatment and diagnostics to date has included physical therapy, trigger pints impedance imaging, Sudoscan, cardiorespiratory diagnostic testing, and medications. In a progress note dated 04/15/2015, the injured worker presented with complaints of cervical spine, lumbar spine, and left shoulder pain. Objective findings include pain upon cervical compression. The treating physician reported requesting authorization for topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream x 1: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded cream. The unspecific Topical Cream x 1 is not medically necessary and appropriate.