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| Case Number: | CM13-0032491 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 03/06/2009 |
| Decision Date: | 06/17/2014 | UR Denial Date: | 09/05/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of March 6, 2009. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; topical analgesics; an H-Wave device; and topical Flector patches. In a Utilization Review Report dated September 5, 2013, the claims administrator seemingly denied a request for Medi-Derm patches and cream while approving other oral pharmaceuticals, including Naprosyn. The patient's attorney subsequently appealed. In an earlier note dated October 22, 2013, the patient was described as status post cervical epidural steroid injection therapy. It was stated that Medi-Derm cream and patches are reportedly effective in reducing the patient's pain. The patient was reportedly appealing the earlier denial of the same. The patient was given prescriptions for Norco, Docuprene, Naprosyn, and Prilosec. The rather proscriptive permanent work restriction of no lifting more than 25 pounds and no carrying more than 5 pounds was renewed. It did not appear that the patient was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIDERM PATCHES 5 PIECES PER BOX X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the patient's reportedly successful usage of multiple oral pharmaceuticals, including Naprosyn, Norco, etc., effectively obviates the need for topical agents such as Medi-Derm cream, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not medically necessary.

MEDIDERM CREAM X 2 TUBES IN 1 BOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: Again, as with the first request, the MTUS Guideline in ACOEM Chapter 3, page 47, deems oral pharmaceuticals as the most appropriate first-line palliative method. In this case, the patient's concurrent usage of multiple oral pharmaceuticals, including Naprosyn and Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agent such as Medi-Derm cream. Therefore, the request is not medically necessary.