

Case Number:	CM14-0118650		
Date Assigned:	09/16/2014	Date of Injury:	09/11/2012
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 46 year old female who sustained a work injury on 9-11-12. The claimant has a diagnosis of right hip labral tear. The claimant underwent a right hip arthroscopy on 3-3-014. Office visit on 6-25-14 notes the claimant is slightly improved with physical therapy. She continues to be sore over the hip. On exam, the claimant has no complaints. She has full range of motion of bilateral hips as well as bilateral knees. She has improved range of motion. She has pain with impingement maneuvers likely secondary to some scar tissue that has not properly been worked up by physical therapy. The evaluator recommended additional 12 physical therapy sessions and some scar cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical scar cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topica lanalgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting the specifics as to what topical scar cream is being requested. Nonspecific requests are not supported. Therefore, this request is not medically necessary.