MAXIMUS Federal Services

Case Number:	CM14-0126681		
Date Assigned:	09/23/2014	Date of Injury:	07/27/2012
Decision Date:	10/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Illinois. 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 injured worker is a 61-year-old male who reported an injury on 07/27/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included abdominal pain, acid reflex, constipation, and rule out irritable bowel syndrome. The previous treatments included medication. Within the clinical note dated 06/18/2014, it was reported the injured worker complained of on and off diarrhea. He reported cervical spine pain. He rated his pain 6/10 in severity. The injured worker complained of left shoulder pain. He rated his pain 9/10 in severity. He also complained of lumbar spine pain rated 9/10 in severity. Upon the physical examination, it was reported the injured worker had point tenderness and range of motion. The provider requested topical compound cream, and a 2D echo secondary for hypertension. The Request for Authorization was submitted and dated 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescribed topical compound creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Medical Treatment Guidelines; Topical compound creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 111-112.

Decision rationale: The California MTUS Guidelines recommend topical NSAIDS for osteoarthritis and tendinitis, in particularly that of the knee and/or elbow and other joints that are amenable. Topical NSAIDS are recommended for short term use of 4 to 12 weeks. In this case, there is lack of documentation indicating the specific type of medication the provider is requesting. Therefore, the request for topical compound creams is not medically necessary.

2D echo Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines note hypertension treatment is recommended that blood pressure and diabetes be controlled. Indications for hypertension treatment include lifestyle changes including diet and exercise modifications and medications. The findings do not support the use of a 2D echo for the treatment of hypertension. Therefore, the request for 2D echo Doppler is not medically necessary and appropriate.