

Case Number:	CM14-0158258		
Date Assigned:	10/01/2014	Date of Injury:	06/27/2012
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency 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 injured worker is a 56 year-old female, who sustained an injury on June 27, 2012. The mechanism of injury occurred when he was pulling a chair back, the wheel became stuck and her lost his balance. Diagnostics have included: September 10, 2014 lumbar spine MRI reported as showing L4-5 spondylolithesis, L4-5/L5-S1 disc space narrowing and foramina stenosis; February 15, 2013 EMG/NCV reported as showing mild left greater than right L5 chronic radiculopathy. Treatments have included: April 4, 2014 epidural injection, medications, chiropractic, physical therapy. The current diagnoses are: lumbar strain/sprain, lumbar disc bulge with radiculitis. The stated purpose of the request for Pain cream was not noted. The request for Pain cream was denied on September 17, 2014, citing a lack of documentation of intolerance to oral medications. Per the report dated August 27, 2014, the treating physician noted complaints of pain to the low back, with pain and numbness and tingling to the leg, that have improved since an injection. Exam findings included lumbar tenderness and spasm, restricted range of motion, positive bilateral straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain cream: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the low back, with pain and numbness and tingling to the leg. The treating physician has documented lumbar tenderness and spasm, restricted range of motion, positive bilateral straight leg raising tests. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. Therefore, the request for pain cream is not medically necessary and appropriate.