

Case Number:	CM14-0161067		
Date Assigned:	10/06/2014	Date of Injury:	09/03/2011
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 injured worker is a 59 year old male who sustained an injury on September 3, 2011. He is diagnosed with (a) bilateral tibia malunion, (b) status post left osteoplasty and multiplanar removal, and (c) status post right osteotomy and osteoplasty. He was seen for an evaluation on August 26, 2014. He complained of right lower extremity pain, which was rated 4-5/10, and of bilateral anterior tibial numbness. He also reported medial knee pain, worse on the left. An examination of the left lower extremity revealed well healed incisions. Examination of the right lower extremity revealed well healed local muscle flap and skin graft anterior shin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TN1 topical cream, 120ml with 6 refills: 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): 111.

Decision rationale: Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions.

While the injured worker reported decreased pain from Norco, there were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for Norco 10/325 mg #60. Hence, the request for Norco 10/325 mg #60 is not medically necessary at this time.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Opioids; Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: The request for TN1 topical cream, 120 ml with 6 refills is not medically necessary at this time. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants.