

Case Number:	CM14-0162671		
Date Assigned:	10/07/2014	Date of Injury:	06/20/1980
Decision Date:	11/07/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/03/2014

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 and Rehabilitation 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 an 80-year-old male with a reported date of injury on 06/20/1980. The mechanism of injury was not listed in the records. The diagnoses included thoracic spine pain and lumbar spine pain. The past treatments included pain medication, physical therapy, and chiropractic therapy. There is no relevant diagnostic imaging submitted for review. There is no surgical history documented within the clinical note. The subjective complaints on 09/17/2014 included upper and lower back pain. The physical exam revealed tenderness to the lumbar and thoracic paraspinal muscles. The medications included Tylenol and Celebrex. The treatment plan was to order additional chiropractic therapy visits and order Somber cream. A request was received for Somber cream 4 ounces. The rationale for the request was not provided. The Request for Authorization form was dated 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somber Cream 4oz: Upheld

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

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

Decision rationale: The request for Somber Cream 4 ounces is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also state that topical analgesics are primarily "recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The injured worker has chronic pain. There is a lack of documentation that the injured worker has tried and failed antidepressants or anticonvulsant therapy before attempting second line therapy, such as topical analgesics. In the absence of tried and failed first line therapy, i.e. antidepressants and anticonvulsants, the request is not supported by the evidence based guidelines. As such, the request for Somber Cream 4oz is not medically necessary.