

Case Number:	CM14-0174298		
Date Assigned:	10/24/2014	Date of Injury:	10/05/1999
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 55-year-old female who reported an injury on 10/05/1999. The mechanism of injury was not submitted for this review. The injured worker's treatment history included urine drug screen, medications, and MRI studies of the lumbar spine. The injured worker was evaluated on 09/11/2014, and it was documented the injured worker complained of neck pain that radiates down bilateral upper extremities; low back pain that radiates down the bilateral lower extremities. The pain was aggravated by activity and walking; upper extremity pain that was bilaterally in the shoulders. The injured worker had ongoing headaches. Pain was rated at 6/10 with medications, and 9/10 without medications. Physical examination of the cervical spine revealed spasms noted bilaterally in the paraspinal muscles. Spinal vertebral tenderness was noted in the cervical spine C5-7. There was tenderness noted upon palpation at the paravertebral C4-6 area and bilateral occipital regions. Pain was significantly increased with flexion, extension, and rotation. Motor examination showed decreased strength in the extensor muscles and the flexor muscles bilaterally. The lumbar spine examination revealed bilateral paraspinal musculature. There was tenderness noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was slightly to moderately limited. Pain was significantly increased with flexion and extension. Motor examination showed decreased strength of the extensor muscles and flexor muscles in bilateral lower extremities. Diagnosis included status post cervical spine fusion; lumbar disc displacement; failed back syndrome, lumbar; lumbar radiculopathy; status post fusion, lumbar spine; diabetes mellitus; medication related dyspepsia; chronic pain, other; status post spinal cord stimulator; and implant status post spinal cord stimulator. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triamcinolone 0.1% cream use as directed twice daily #100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/triamcinolone-topical.html>

Decision rationale: The request for triamcinolone 0.1% cream use as directed twice daily # 100 is not medically necessary. Triamcinolone is a topical steroid. Per drugs.com, triamcinolone topical cream is recommended to reduce the actions of chemicals in the body that cause inflammation. Triamcinolone topical is used to treat the inflammation caused by a number of conditions such as allergic reactions, eczema, and psoriasis. The dental paste form of triamcinolone is used to treat mouth ulcers. The documents submitted for review failed to indicate the rationale as to why the injured is requiring Triamcinolone. Furthermore, the request that was submitted for review failed to include the body location where the topical cream is to be applied. As such, the request for Triamcinolone 0.1% cream use as directed twice is not medically necessary.