

Case Number:	CM14-0041294		
Date Assigned:	06/20/2014	Date of Injury:	12/04/2001
Decision Date:	08/12/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 38-year-old female who was reportedly injured on 12/4/2001. The mechanism of injury was listed in these records reviewed. The most recent progress note, dated 5/5/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine full range of motion with only minor pain and positive SI joint pain to palpation. No recent diagnostic studies were available for review. Previous treatment included medial branch blocks, medications, and conservative treatment. A request had been made for PENNSAID 1.5%, and was not certified in the pre-authorization process on 3/5/214.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for Pennsaid 1.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: Topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or

safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little research to support the use of many of these agents. After review of the medical documentation provided, there was little subjective or objective clinical findings for the continued use of this medication. Therefore, this request is deemed not medically necessary.