

Case Number:	CM14-0078618		
Date Assigned:	07/18/2014	Date of Injury:	02/19/2008
Decision Date:	10/07/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on February 19, 2008. The mechanism of injury was noted as a minor blunt force trauma. The most recent progress note, dated March 31, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'9", 189 pound individual who was borderline hypertensive (132/78) and reported to be in no acute distress. There was tenderness to palpation of the lower lumbar area. Muscle spasms were noted as well as a decreased range of motion. A normal gait pattern was reported. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, epidural steroid injections, physical therapy and other pain management interventions. A request had been made for medication and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective (3/31/14) B topical Plo gel 30grams 3 refills (thoracic, lumbar, right knee):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded agents Page(s): 121-122.

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The literature notes that this gel is the binding agent for compounded preparations. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.