

Case Number:	CM14-0091233		
Date Assigned:	07/25/2014	Date of Injury:	01/19/2012
Decision Date:	09/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Texas and Oklahoma. 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 56-year-old male who reported an injury on 01/19/2012. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnoses were noted to be low back pain secondary to lumbar spondylosis at the level of L4-5 and L5-S1 bilaterally, low back pain with degenerative disc disease at the level of L4-5 and L5-S1 with neural foraminal stenosis bilaterally, lumbar spine sprain/strain, and left sacroiliac joint arthropathy. Prior treatments were noted to be medications. The injured worker's subjective complaints were noted to be low back pain with lumbar spondylosis and degenerative disc disease. The objective physical exam findings were noted to be abnormal heel walk and toe walk secondary to pain. There was tenderness to touch in the bilateral lumbar paraspinal muscles, and a decrease in light touch sensation on the left L4, L5 and S1 nerve direction. There was tenderness over the facet joints of the low lumbar area. Straight leg raise test was positive on the left side. Spasm was present with range of motion of the lumbar spine. Medications were noted to be Norco, Tizanidine, and Coumadin. The treatment plan was noted to be medications and a followup with the cardiologist. The provider's rationale was provided within the treatment plan of a clinical evaluation on 05/01/2014. The request for authorization was provided for this request and it was dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Analgesic Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Some agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended for use. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic required. The documentation provided for review does not indicate failed trials of antidepressants or anticonvulsants. There is not an adequate pain assessment. In addition, the request for the compound analgesic cream does not indicate the ingredients of the cream, the quantity, the frequency, or the application site. As such, and according to the guidelines, the request is not medically necessary.