

Case Number:	CM14-0154948		
Date Assigned:	09/25/2014	Date of Injury:	05/31/1994
Decision Date:	03/10/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 74 year old male with a date of injury as 05/31/1994. The cause of the injury occurred when the worker attempted to lift and remove a desk chair which caused immediate pain in the left sacroiliac area. The current diagnosis is lumbar sprain. Previous treatments include multiple medications, acupuncture, home exercise program, gym membership, and TENS unit. Primary treating physician's report dated 07/15/2014, orthopedic agreed medical examinations dated 02/10/1998 and 03/16/2000, orthopedic supplemental report dated 04/14/2000, and MRI of the lumbar spine dated 04/30/2000 were included in the documentation submitted for review. Report dated 07/15/2014 noted that the injured worker presented with complaints that included continued low back pain and neck pain without any permanent improvement, and tingling in his fingers and toes. Pain is rated as 8-9 out of 10. The injured worker uses the Sombra gel two times per day or more as needed for pain with occasional use of Vicodin. The physician noted that there was no change in physical examination, but the detailed examination was not included. The injured worker is permanently disabled. The utilization review performed on 09/03/2014 non-certified a prescription for Sombra pain relief gel based on lack of clinical documentation and lack of documentation related to the injured worker's functional deficits. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sombra Pain Relief Gel #4: Upheld

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

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

Decision rationale: Sombra Pain Relief Gel is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover 'topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended.' Additionally, Per CA MTUS page 111 states that topical analgesics containing anti-inflammatory medication, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore compounded topical cream is not medically necessary.