

Case Number:	CM14-0215924		
Date Assigned:	01/06/2015	Date of Injury:	01/17/2014
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 17, 2014. In a Utilization Review Report dated November 25, 2014, the claims administrator denied an unspecified transdermal pain cream. The claims administrator referenced a progress note of October 20, 2014 in its determination. A variety of MTUS and non-MTUS Guidelines were invoked, including non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In said October 20, 2014 progress note, the applicant reported persistent, multifocal complaints of knee, back, and hand pain. The applicant was reportedly working regular duty. It was stated that the applicant had alleged pain complaints secondary to cumulative trauma at work. The applicant was concurrently receiving acupuncture. An unspecified transdermal pain cream was endorsed, the exact ingredients and/or compositions of which was not specified. The attending provider stated in one section of the note that the applicant was "temporarily disabled from running" and then stated, in another section of the report, that the applicant was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal pain cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines and FDA

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

Decision rationale: No, the unspecified transdermal pain cream was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the agent at issue, as a class, are deemed "largely experimental." Here, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the unspecified transdermal pain cream at issue, the ingredients and composition of which, it is incidentally noted, were not specified. Therefore, the request was not medically necessary.