

Case Number:	CM14-0216669		
Date Assigned:	01/06/2015	Date of Injury:	08/25/2003
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 55 year old male with date of injury 8/25/03. The mechanism of injury is stated as a fall. The patient has complained of right knee pain and low back pain since the date of injury. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. There are no radiographic reports submitted for review. Objective: decreased and painful range of motion of the lumbar spine, decreased sensation in the bilateral L4-S1 dermatomes, bilateral sacroiliac joint tenderness, tenderness to palpation of the right knee. Diagnoses: lumbar spine disc disease, right knee strain/sprain. Treatment plan and request: topical compound medications prescribed on 0/2/14, qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medications prescribed on 09/02/14, quantity: 1,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: This 55 year old male has complained of right knee pain and low back pain since date of injury 8/25/03. He has been treated with lumbar spine surgery, physical therapy, epidural steroid injections and medications. The current request is for topical compound medications prescribed on 9/2/14. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, topical compound medications prescribed on 9/2/14 is not indicated as medically necessary.