

Case Number:	CM15-0014307		
Date Assigned:	02/02/2015	Date of Injury:	02/07/1997
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Internal 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 injured worker is a 63 year old female, who sustained an industrial injury on February 7, 1997. She has reported neck pain and lower back pain. The diagnoses have included cervical spine pain and lumbar spine pain. Treatment to date has included medications, aqua therapy, transcutaneous electrical nerve stimulation unit and trigger point injections. A progress note dated December 12, 2014 indicates a chief complaint of continued neck and lower back pain. Physical examination showed tenderness of the cervical and lumbar spine. The treating physician is requesting a prescription for a topical analgesic gel. On January 6, 2015 Utilization Review denied the request citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical analgesic gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for authorization (RFA) requesting a topical analgesic gel was dated 12-29-2014. The pain medicine consultant report dated 12-12-2014 does not discuss the topical analgesic gel. The components of the topical analgesic gel were not specified. The request for a topical analgesic gel, with unknown ingredients, cannot be endorsed. Topical analgesics in general are not supported by MTUS guidelines. Therefore, the request for a topical analgesic gel is not medically necessary.