

Case Number:	CM15-0113708		
Date Assigned:	06/22/2015	Date of Injury:	10/23/2010
Decision Date:	07/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male with an industrial injury dated 10/23/2010. Diagnoses are not documented except as diagnoses codes. The provider documented in the 04/27/2015 note physical therapy program has been approved. Other treatment included medications and trigger point injection to the lumbar spine. He presents on 03/16/2015 for a follow up examination of his thoraco-lumbar spine. He states he is experiencing severe pain to the lumbar spine. He presents on 04/27/2015 rating his lumbar spine pain as 6/10. Objective findings include significant pain, decreased motion and loss of strength of the lumbar spine. The provider documents x-rays were taken of the thoracic spine and lumbar spine showing loss of lumbar lordosis. Treatment plan included using heat and ice, Norco, pain gel, pain cream and urine toxicology. He was to return to modified work on 04/28/2015. The requested treatments included Flurb/Cyclo/Menth cream 20% and Kera Tek gel # 113.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel #113: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains a topical NSAID (Methyl Salicylate) which is intended for short-term use for arthritis. The claimant does not have arthritis. In addition, the claimant was on another topical analgesic which contained a topical NSAID as well. Since the compound above contains these topical medications, the compound in question is not medically necessary.

Flurb/Cyclo/Menth cream 20%: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the compound contains a topical NSAID (Flurbiprofen) which is intended for short-term use for arthritis. The claimant does not have arthritis. Since the compound above contains these medications, the compound in question is not medically necessary.