

Case Number:	CM15-0120136		
Date Assigned:	06/30/2015	Date of Injury:	10/29/2014
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 30-year-old female who sustained an industrial injury on 10/29/14. Diagnoses are lumbosacral sprain/strain with herniated disc, left elbow sprain/strain. In a progress report dated 4/22/15, a treating physician notes complaints of pain in the low back radiating to the right foot with numbness and tingling, spasm and swelling. She uses a cane to prevent herself from falling. Pain is worse with standing, sitting, light lifting, climbing, walking and forward bending. She also complains of pain to the left elbow that radiates to her small finger. She has difficulty sleeping. Spinal exam notes tenderness to L2-L5 and straight leg raise is positive and decreased range of motion. An MRI of the lumbar spine on 4/7/15 notes an 8-9 millimeter disc at L5-S1 and a 4-5 millimeter disc at L4-L5. The treatment plan is an electromyogram/nerve conduction study to rule out radiculopathy, spine surgical consult, transportation and to continue Norco. Work status is total temporary disability. Previous treatment includes an MRI of the lumbar spine, and at least 6 sessions of physical therapy. The requested treatment is NPC1 compound 210 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

NPC1 Compound 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 medical documentation provided does not detail the medications included in this compound. Without the specific compound ingredients, the necessity of the medication cannot be determined. As such, the request for NPC1 Compound 210 grams is not medically necessary.