

Case Number:	CM15-0178079		
Date Assigned:	09/18/2015	Date of Injury:	06/16/2011
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on June 16, 2011, incurring left ankle, left knee, left shoulder, left hand, low back and both knees. He had no prior injuries. He was diagnosed with a tendon tear of the left ankle, left knee strain and contusion, bilateral knee chondromalacia, right knee medial meniscus tearing, lumbar strain, left wrist DeQuervains tenosynovitis, and left ankle sprain. On February 20, 2012, the injured worker underwent left ankle tendon repair. Treatment included physical therapy and home exercise program, anti-inflammatory drugs, pain medications, splinting and transcutaneous electrical stimulation unit and activity restrictions. Currently, the injured worker complained of mid back, low back, knees and ankle pain with numbness, tingling and burning sensation. He noted activity limitation secondary to the pain. He rated his pain 6 out of 10 worst with activity. Prolonged sitting, standing, lifting, sleeping and social activities, driving and activities of self-care and grooming increased the intensity of his pain. The injured worker was also diagnosed with adjustment disorder due to chronic pain with depression. The treatment plan that was requested for authorization on September 9, 2015, included a prescription for BCFG topical analgesic cream. On August 25, 2015, a request for BCFG cream was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BCFG cream 120g qty 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The BCFG cream 120g qty 5.00 is not medically necessary and appropriate.