

Case Number:	CM15-0067242		
Date Assigned:	04/14/2015	Date of Injury:	07/09/2014
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 53-year-old male who sustained an industrial injury on 07/09/2014. Diagnoses include sprain/strain of the cervical and lumbar spine, the bilateral hips, and the left wrist; left hand fracture and rule-out internal derangement of the bilateral hips. Treatment to date has included medications, left hand surgery and physical therapy. Diagnostics included x-rays. According to the progress notes dated 12/23/14, the IW reported neck, mid and low back pain radiating down both legs to the feet with numbness and tingling. He also had complaints of bilateral shoulder pain radiating down to the left hand/wrist/fingers with numbness and tingling; pain in the left hip from the low back and daily tension headaches. A request was made for FCMC ointment as part of the treatment plan of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCMC OINTMENT 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: FCMC ointment 120gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there is little to no research to support the use of many of these topical analgesic agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation is not clear on all the ingredients of this ointment. The documentation does indicate that one ingredient is Cyclobenzaprine which is a muscle relaxant not supported for topical use by the MTUS. There is also no evidence of inability to take oral medications or failure of antidepressants and anticonvulsants. Furthermore, the request does not specify a quantity. For these reasons FCMC ointment is not medically necessary.