

Case Number:	CM15-0078006		
Date Assigned:	04/29/2015	Date of Injury:	11/20/2013
Decision Date:	05/29/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania, Ohio, 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 37 year old male, who sustained an industrial injury on 11/20/13. The injured worker was diagnosed as having bilateral foraminal narrowing at L5-S1 with possible impingement of exiting L5 nerve root, left L5 pars defect and bilateral lower extremity radiculopathy. Treatment to date has included epidural steroid injection, oral medications including Robaxin, physical therapy and activity restrictions. Currently, the injured worker complains of moderate low back pain rated 4-5/10 with occasional radiation to bilateral lower extremities with numbness and tingling sensation. The injured worker noted the steroid injection provided 50% relief. Physical exam noted limited range of motion, mild spasm over the lumbar paravertebral musculature and lower extremity motor weakness. The treatment plan included continuation of physical therapy, continuation of Robaxin and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) topical compound medication (Flurbiprofen, Ethoxy Li, Pentravan): Upheld

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

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

One (1) topical compound medication (Ketamine, Ketoprofen, Ethoxy Li, Pentravan):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally the same guideline specifically does not recommend Ketoprofen for topical use and recommends Ketamine only in refractory cases in which all other options have been exhausted. The guideline has not been met. This request is not medically necessary.