

Case Number:	CM16-0245796		
Date Assigned:	12/28/2016	Date of Injury:	10/26/2016
Decision Date:	01/30/2017	UR Denial Date:	12/21/2016
Priority:	Standard	Application Received:	12/22/2016

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: Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 56-year-old female with a history of an occupational claim from 10/26/2016. The mechanism of injury is detailed as assisting a male assistance with a violent student one the bus. The current diagnoses are documented as lumbar, hip, and neck strain. Prior treatments included medications. The diagnostic studies and surgical history were noncontributory to the request. The documentation of 12/08/2016 revealed the patient had subjective complaints of neck, back, wrist, hand, hip, and ankle pain, rate 7/10. The physician recommended the patient stop nonsteroidal anti-inflammatory drugs until it could be determined why the patient's blood pressure was elevating. The patient's blood pressure was 139/84. The physical examination revealed normal range of motion of the cervical spine and decreased range of motion of the lumbar spine. The patient could perform a heel/toe walk. The patient had 5/5 EHL strength bilaterally. The treatment plan included nortriptyline and meloxicam. The patient was to stop AneCream and continue with Salonpas. The patient was to perform modified duty. The request was received on 12/16/2016. The treatment was denied on 12/21/2016. The rationale for denial regarding Salonpas and AneCream indicated there was a lack of documentation indicating first line therapy had failed. There were no neurologic symptoms. The patient was able to tolerate oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas pad #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The ACOEM guidelines do not address the request. The California MTUS Chronic Pain Guidelines 2016, as outlined in the MTUS introduction, was intended to address pain symptoms considered as chronic (3 months, greater than 12 weeks per the Introduction section of MTUS 2016 Chronic Pain Guidelines). This requested treatment appears to be related to pain that is less than the length of time defined as Chronic per MTUS. Because of the 'acute' nature, alternative guidelines were utilized. The Official Disability Guidelines indicate that topical analgesics are largely experimental and are in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. Regarding capsaicin, topical capsaicin is only recommended when patients have not responded or are intolerant to other treatments. The documentation indicated the patient was to continue this medication. The date of first use could not be established through supplied documentation. As such, the requested "Salonpas pad #60" is not medically necessary.

Anecream cream 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The ACOEM guidelines do not address the request. The California MTUS Chronic Pain Guidelines 2016, as outlined in the MTUS introduction, was intended to address pain symptoms considered as chronic (3 months, greater than 12 weeks per the Introduction section of MTUS 2016 Chronic Pain Guidelines). This requested treatment appears to be related to pain that is less than the length of time defined as Chronic per MTUS. Because of the 'acute' nature, alternative guidelines were utilized. The Official Disability Guidelines indicate that topical analgesics are largely experimental and are in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. Topical lidocaine is only recommended in the form of Lidoderm patches as it is not approved in any other formula. The documentation indicated the patient was to stop this medication. The date the patient started use could not be established. Guidelines do not support the use of topical lidocaine. As such, the requested AneCream is not medically necessary.