

Case Number:	CM13-0026233		
Date Assigned:	11/22/2013	Date of Injury:	08/07/2009
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old injured worker who reported an injury on 08/07/2009. The mechanism of injury was noted to be a trip and fall. The patient has been diagnosed with lumbar disc herniation, lumbar radiculopathy, right hand extensor tendinosis, and bilateral knee sprain. The patients symptoms are noted to include low back pain, neck pain, numbness and tingling of the right lower extremity, and right 4th digit occasional locking. Physical exam findings include cervical spine muscle spasm, positive axial load tests, lumbar spine tenderness and muscle spasm, positive right straight leg raise test, positive sacral compression, and positive Lasegue's test. The treatment was noted to include analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic creams (unspecified names, dose, and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. It also states that for compounded products, any compounded product topical analgesics product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It further states the use of these compounded agents requires knowledge of the specific analgesic effect of each agent, how it will be useful for the specific therapeutic goal required. The request was made for an analgesic cream; however, the specific agents in the cream, the dose, quantity, and directions for use were not provided. As the guidelines state that the use of compounded agents requires knowledge of specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal, the request is not supported. The request for Analgesic creams is not medically necessary and appropriate.