

Case Number:	CM13-0027756		
Date Assigned:	11/22/2013	Date of Injury:	05/15/2008
Decision Date:	01/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine and is licensed to practice in California. 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 60-year-old male with a dated injury of May 15, 2008. Report dated 8/26/2013 indicated that the patient presented with low back pain with radiation at a 7 out of 10. The patient has soft tissue tenderness spasms in the lumbar sacral area and thoracolumbar area. The patient had decreased range of motion and weakness and numbness in the extremities. The patient was then recommended for an increased dosage of MS Contin. In addition to other medications, the patient is prescribed the requested cream for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded BCT 2/2/2% cream for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111..

Decision rationale: The applicant does not appear to have tried and/or failed first line oral analgesics, which, per ACOEM in chapter 3, are a first line palliative method. The patient states that the current medications control his pain. There is, consequently, no support for usage of

topical agents and/or topical compounds, which are not recommended by ACOEM Guidelines and MTUS Chronic Pain Medical Treatment Guidelines indicates are largely experimental. Therefore, as guidelines do not recommend these medications for this situation, it is not medically necessary.