

<b>Case Number:</b>	CM13-0035963		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and Washington, DC. 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 41 year-old male who reported sustaining injuries during employment as a diesel mechanic on 08/09/2012. Soon after, the patient began having pain in the mid to low back that radiated down to the bilateral legs. The patient was diagnosed with lumbar multilevel L3-4, L4-5 and L5-S1 disc bulges, L5 and S1 lumbar radiculitis, lumbar retrolisthesis L3-4, lumbar facet joint pain multilevel, sacroiliac joint pain, cervicalgia probable cervical facet joint pain and thoracic pain sprain/strain. The patient was placed on modified work duty, but his pain continued and he was deemed temporality totally disabled. The patient has tried physical therapy, chiropractic care and traction with limited success. The patient had undergone lumbar epidural and lumbar facet joint injections with significant relief of the lumbar spine and left lower extremity pain. It was noted that the patient underwent bilateral L4-S1 epidural injections on 6/25/2013 and subsequently reported 40 to 50 percent relief of the lumbar spine pain with resolution of 100 percent of the left lower extremity pain. The patient underwent bilateral L4-5 and L5-S1 facet joint medial branch blocks on 8/26/2013. He reported 50 percent relief on the remaining lumbar spine pain. Because of his continued pain and significant lumbar spine pain radiating into the bilateral lower extremity the patient was referred for consideration of a spinal injection. The current medication taken by the patient includes Neurontin 300 mg and a topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded topical analgesic creams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics, compounded.

**Decision rationale:** The request for compounded topical analgesic cream is vague and non specific as to which active ingredients are included in this particular requested cream. However, in general topical analgesic creams are not considered first line treatment for chronic pain or neuropathic pain. Therefore, the requested compounded topical analgesic cream is not medically necessary or appropriate at this time.