

<b>Case Number:</b>	CM13-0042611		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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. The expert 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 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/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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 9, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representations, topical compounds, an interferential stimulator and extensive periods of time off of work. In a utilization review report of September 27, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. A progress note of September 18, 2013 is notable for comments that the applicant reports ongoing neck and low back pain. The applicant is using an interferential stimulator, oral Naprosyn, omeprazole, and several topical compounds, including a TG Hot topical compound. A home exercise kit is endorsed. The attending provider writes that the applicant's employer is unable to accommodate the restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUIRFLEX 10 GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. In this case, one of the ingredients in the compound, Flexeril, is a muscle relaxant. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on independent medical review.

**TGHOT 180 GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." It is further noted that the applicant's successful usage of oral Naprosyn effectively obviates the need for the largely experimental topical compound in question. Therefore, the request is not certified, for all the stated reasons.