

<b>Case Number:</b>	CM13-0045764		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/25/1997
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 57 year old male with date of injury in July 1997. The mechanism of injury is described as slipping and falling on wet tile. The patient has complained of chronic low back pain since the date of injury. He has been treated with physical therapy, medications and 2 surgeries (March 1998 and October 2000) consisting of lumbar spine fusion. Objective findings include surgical scar over the lumbar spine and paraspinal lumbar spine musculature tenderness bilaterally. Diagnoses include lumbar spine degenerative disc disease and post fusion syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 30 day supply of compounded topical cream containing propylene glycol, dimethyl, lipo cream, tramadol and gabapentin with 3 refills:** 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): 111-112.

**Decision rationale:** This 57 year old male has had chronic back pain since his injury in 1997. He has been treated with physical therapy, surgery and medications to include propylene glycol, dimethyl, lipo cream, tramadol and gabapentin topical analgesic medication. Per the MTUS

guidelines, topical analgesics are considered largely experimental due to lack of sufficient randomized controlled trials establishing their efficacy for the treatment of chronic pain. Due to the lack of sufficient medical evidence establishing their efficacy in the treatment of chronic pain, the topical analgesic requested is not medically necessary or appropriate.