

<b>Case Number:</b>	CM13-0049772		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/03/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 66 year old female who reported an injury on 11/03/2009. The patient is diagnosed with disorder of coccyx not otherwise specified, rotator cuff sprain and strain, brachial neuritis or radiculitis not otherwise specified, thoracic or lumbosacral neuritis or radiculitis, and contusion. The patient was recently seen by [REDACTED] on 10/01/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. Physical examination revealed spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with decreased range of motion and decreased sensation bilaterally in the L5 and S1 dermatomes. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro compound medication dates of service 2/27/10, 2/11/11, 4/6/11, 6/8/12; c-keto 10%/ lido10% /baclo10%:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the request for a topical analgesic. Additionally, muscle relaxants are not recommended, as there is no evidence for the use of any muscle relaxant as a topical product. The California MTUS Guidelines further state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Retro compound medication dates of service 2/27/10, 2/11/11, 4/6/11, 6/8/12; c-keto 10%/ lido10% /baclo10% is non-certified.