

<b>Case Number:</b>	CM13-0054505		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine 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 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 patient is a 49 year old male who has a date of injury 1/23/12. The diagnoses include status post left L2-3 laminectomy and discectomy (12/20/12) with persistent pain stenosis, thrombocytopenia, and chronic neck pain. Per documentation and MRI on 5/23/2013 noted residual disc bulging as expected with a microdiscectomy; left sided laminectomy is visible. There is a request for pharmacy purchase of transdermal compound for the lumbar spine, There is an 11/19/13 primary treating physician report which states that the patient complains of persistently moderate to occasionally severe low back pain with persistent radiation down his legs. He states that he saw the orthopedic surgeon on November 1, 2013 who recommended him to another physician who recommended low back surgery. The patient is performing his home exercises. He states the pain is well controlled with medications; however, he has had to take more medications than prescribed to control it. On examination he has a slightly antalgic gait, and he ambulates with a cane. There is a well-healed midline incision of the lumbar spine. He has tenderness to palpation with spasms of the paraspinals. Sensation is intact of the bilateral lower extremities. There is generalized weakness of the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF TRANSDERMAL COMPOUND 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 Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental. The MTUS Guidelines state that there is little to no research to support the use of many of these agents. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request as written does not indicate the ingredients of the compounded agent, the strength, or the duration of use. Therefore, the request for transdermal compound, for the lumbar spine is not medically necessary and appropriate.