

Case Number:	CM13-0063322		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2012
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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, and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 06/02/2012. The patient was reportedly injured while pulling a 50 pound box. The patient is currently diagnosed with low back pain with radicular symptoms, history of lymphoma, status post chemotherapy, lumbar spine sprain, and rule out lumbar spine degenerative disc disease. The patient was seen by [REDACTED] on 12/05/2013. The patient reported improvement in low back symptoms following completion of physical therapy. The patient currently utilizes Norco 10/325 mg, gabapentin, and a compounded analgesic cream. Physical examination revealed painful range of motion, weakness, tenderness to palpation, and decreased strength on the left. The patient also demonstrated positive straight leg raising, spasm, and diminished reflexes on the left. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition. Additionally, (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Disability Duration Guidelines (DDG)

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

Decision rationale: According to the physician progress report submitted by [REDACTED] on 12/05/2013, a prescription was written for a compounded analgesic cream containing capsaicin, tramadol, gabapentin, camphor, and menthol. California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Gabapentin is not recommended, as there is no evidence for the use of any antiepilepsy drug as a topical product. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatment. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient's physical examination continues to reveal tenderness to palpation, diminished reflexes and sensation, decreased strength, positive straight leg raising, spasm, and painful range of motion. Satisfactory response to treatment has not been indicated. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the request for a topical analgesic. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.