

<b>Case Number:</b>	CM13-0066873		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Interventional Spine 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:

This is a 56 year-old female who was injured on 6/5/2008. According to the 11/25/13 report from [REDACTED], the patient presents with neck, back and right hip pain. [REDACTED] did not provide a diagnoses in his reports, but does state the patient has a history of cervical fusion with continuous pain, and that the lower back pain radiates down the left leg and is associated with numbness and tingling. She takes Tylenol#4, Cyclobenzaprine, Dicofenac, and Cymbalta. Exam findings included positive SLR, and facet loading, 4+/5 weakness in the EHL. Dr. Yoon prescribes a topical cream that includes an anesthetic, anti-inflammatory, antispasmodic and neuropathic agents, but does not specify what the compounded cream is composed of. On 12/11/13 UR denied the compounded topical cream .

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF TOPICAL COMPOUND CREAM WITH 1 REFILL:**

Upheld

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

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

**Decision rationale:** According to the 11/25/13 report from [REDACTED], the patient presents with neck, back and right hip pain. This is a review for an incomplete request/prescription of an unknown compounded topical medication said to contain anesthetic, anti-inflammatory, antispasmodic and neuropathic agents, but the specific agents are not discussed. Based on the vague information provided to describe the compounded topical, the request is not in accordance with California MTUS guidelines. On page 111, under topical analgesics, California MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The physician states the compounded topical contains an antispasmodic medication. California MTUS specifically states that Baclofen and other muscle relaxants are not recommended for use a topical product. Therefore the whole compounded topical that contains the antispasmodic is not recommended.