

<b>Case Number:</b>	CM13-0068495		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 & 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 injured worker is a 54-year-old female who reported an injury on 07/01/1999. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, lumbar failed surgery syndrome, status post lumbar fusion, status post cervical fusion, status post spinal cord stimulator implantation, chronic pain, and medication related dyspepsia. The injured worker was evaluated on 12/05/2013. The injured worker reported persistent lower back pain and neck pain with radiation to bilateral upper and lower extremities. Physical examination revealed an antalgic gait, limited lumbar range of motion, spinal vertebral tenderness at L4 through S1, and lumbar myofascial tenderness to palpation. Treatment recommendations included continuation of current medication including triamcinolone 0.1% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAMCINOLONE 0.1%:** 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:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical necessity for the requested topical analgesic has not been established. Additionally, the injured worker has utilized triamcinolone 0.1% cream since 05/2013, without any evidence of objective functional improvement. Therefore, the request is not medically necessary.