

Case Number:	CM13-0071401		
Date Assigned:	01/10/2014	Date of Injury:	08/11/2013
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 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:

The injured worker reported an injury on 08/11/2013. The mechanism of injury involved a fall. Current diagnoses included 4-5 mm posterior disc protrusion at L5-S1, axial low back pain, and rule out discogenic versus facetogenic pain. The injured worker was evaluated on 11/06/2013. The injured worker reported persistent lower back pain. The injured worker has been previously treated with chiropractic therapy. Physical examination revealed limited lumbar range of motion, tenderness to palpation over the lower lumbar facets, positive facet loading maneuver, negative straight leg raising, and 5/5 motor strength. Treatment recommendations at that time included a prescription for a transdermal compounding cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TRANSDERMAL COMPOUNDING CREAM, DOS 11/16/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This is a nonspecific request that does not include the type of medication being prescribed, the strength, frequency or quantity. Therefore, the retrospective request for transdermal compounding cream (DOS 11/16/13) is not medically necessary and appropriate.