

<b>Case Number:</b>	CM14-0125911		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	12/05/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 and is licensed to practice in Pennsylvania. 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 37-year-old gentleman who was injured in a work-related accident on 12/6/03. The injury occurred while using a digging machine resulting in low back complaints. A recent clinical assessment dated 3/17/14 describes continued low back and bilateral lower extremity complaints as well as secondary diagnosis of anxiety/depression, sleep issues, and headaches. Physical examination showed restricted lumbar range of motion with diminished right L4 through S1 sensory findings, negative straight leg raise, and full motor strength. The claimant was diagnosed with lumbar radiculopathy and discogenic syndrome. The recommendations were for topical compounding agent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGice Topical:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the topical compound TG-ICE would not be indicated. Guidelines indicate that topical analgesics

are largely experimental with few randomized clinical trials demonstrating their efficacy and/or long term safety. The specific agents in this topical compound are not clearly identified. The use of this agent in the claimant's chronic low back related complaints dating back eleven years would is not medically necessary.