

<b>Case Number:</b>	CM14-0129829		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 25-year-old female who reported an injury on 12/10/2010, due to an unknown mechanism. Diagnoses were cervical spine sprain/strain with myospasms, thoracic spine sprain/strain with myospasms, lumbar spine sprain/strain with myospasms, left knee sprain/strain, cervical spine disc desiccation, cervical spine disc protrusion, and lumbar spine disc protrusion. Treatment was physical therapy and acupuncture. There were no diagnostics reported. There was no surgical history reported. Physical examination on 06/16/2014 revealed complaints of left knee pain. The injured worker complained that it was grinding and it actually had given out, which had caused her to fall. Examination of the cervical spine revealed spasms of the sub occipital and upper trapezius muscles. Examination of the thoracic spine revealed tenderness to palpation with spasms of the thoracic paraspinals. There was limited range of motion secondary to pain. Examination of the left knee revealed tenderness to palpation of the medial and lateral knee, the popliteal fossa. Medications were Naproxen 550 mg 1 twice a day and a transdermal compounded medication. Treatment plan was to continue with acupuncture and range of motion and muscle strength exercise. The injured worker was to be referred to an orthopedic surgeon for a consultation. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Transdermal compounds on 06/16/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

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

**Decision rationale:** The request for Retrospective Transdermal compounds on 06/16/2014 is not medically necessary. The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The ingredients for this requested topical compounded medication were not reported. The frequency for this medication was not indicated. Therefore, the request is not medically necessary.