

<b>Case Number:</b>	CM14-0184574		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/13/1999
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 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 65 year-old [REDACTED] sustained an injury on 4/13/1999 while exiting an elevator, fell onto both knees. Request(s) under consideration include topical Triamcinolone Acetonide 1%. Diagnoses include chronic pain syndrome; post lumbar laminectomy syndrome/cauda equina with non-industrial urological issues and diabetes. Conservative care has included medications, opioid detox, HEP, therapy, and modified activities/rest. Report of 8/12/14 from PA/provider noted chronic ongoing low back pain rated at 4/10 with radiation down lower extremities associated with numbness, tingling, and weakness along with stiffness and difficulty sleeping. Medications list Suboxone, Nexium, Cymbalta, MiraLax, Pepcid, Neurontin, Lunesta, Colace, Bentyl, Ativan, Flomax, Flector and Lidoderm patches. Exam showed antalgic gait; normal mood and affect appearing well-developed without distress. Report of 9/24/14 from the provider noted continued low back pain with radiation pain rated at 10/10 associated with weakness, numbness and tingling with bladder and bowel incontinence, stiffness; it was noted the FRP was helpful with patient feeling like a "different person." Medications again included Suboxone, Neurontin, Flector and Lidoderm patches with rest unchanged. Exam was unchanged with antalgic gait, mild emotional distress with forward flexed posture. Treatment was for Triamcinolone Acetonide topical cream planned without indication noted for topical steroid. The patient typically attends FRP after care program but had missed for a week. The request(s) for topical Triamcinolone Acetonide 1% was non-certified on 10/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triamcinolone acetonide 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:** This topical steroid cream may be indicated for a variety of skin conditions such as eczema, dermatitis, allergies, rash to reduce itchiness and swelling; however, no indication, clinical findings, or diagnoses have been adequately demonstrated in the submitted reports to support its current use. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1999 without documented functional improvement from treatment already rendered. The topical Triamcinolone Acetonide 1%: is not medically necessary and appropriate.