

Case Number:	CM14-0027640		
Date Assigned:	06/13/2014	Date of Injury:	09/06/2012
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The underlying date of injury in this case is 09/06/2012. The primary diagnosis is lumbosacral spondylosis. Additional diagnoses include lumbar disc degeneration, lumbar neuritis, and lumbar spinal stenosis. The mechanism of injury is that this patient was involved in a motor vehicle accident. Comorbidities include a left pneumothorax, multiple fractures, and splenic contusions. The primary treating physician saw the patient in follow-up 02/04/2014. At that time the patient reported that he was no longer taking any narcotic medications. He was using Aleve on an as-needed basis for pain. Since the patient wished to avoid narcotic medications but still continued to have soreness and stiffness after prolonged periods of activity, the treating physician recommended a transdermal analgesic cream to apply to the affected areas 2-4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND DRUG #240 (JUIS #2013080814045564621039; WCAB #ADJ8732563:
TRANSDERMAL ANALGESIC CREAM: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicines.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, recommend the use of topical compounded medications only if there is documentation of the specific anticipated effect of each agent and the proposed mechanism of action to achieve this therapeutic goal. The medical records at this time are unclear regarding the specific ingredients in the requested transdermal analgesic cream, and the medical records do not clearly document the proposed mechanism of action of this cream. The medical records do not meet the treatment guidelines with regard to compounded or topical analgesic medications. This request is not medically necessary.