

<b>Case Number:</b>	CM14-0029882		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who injured his lower back and right knee on 8/25/03 and has since had chronic pain in those areas. He was diagnosed with right knee meniscal tear, left foot strain, lumbar herniation, and lumbar pain with radiation. He has been treated with oral and topical analgesics, neurontin, exercises and surgeries. The worker was seen on 1/21/14 by his treating physician complaining of lower back pain radiating to his lower extremities as well as right knee pain. He reported taking Vicodin, Ibuprofen, Neurontin, and "Flur/Gaba/Lido" and "Trama/Baclo" topical rubs. He reported that these medications provided some relief of his pain. No report of functional benefit was mentioned in the notes provided. Physical examination revealed tenderness in the lower back and sacroiliac joints as well as tight muscles in the buttocks and lower back. He was recommended he use Motrin as needed and changed his Flur/Gaba/Lido topical rub to cortisone and recommended he get an epidural injections as well as do exercises at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medications QTY: 60.00:** 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): 112-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that Topical analgesics have limited evidence to be used as first line agents but may be considered depending on the agents used. Two separate topical agents had been prescribed for this worker for his chronic back and knee pain. It is unknown how the patient or how much the patient used these agents, or for which areas on his body (knee or back). However unclear the record is regarding these agents, enough information was gathered for the reviewer to make a decision on their medical necessity. One agent "Flur/Gaba/Lid", which is assumed to be Flurbiprofen/Gabapentin/Lidocaine had been discontinued a few days prior to the request date and was switched to cortisone, and therefore seems to not be part of the physician's plan according to their record provided, and not medically necessary. Also, there is no need to repeat topical agents in the same product if the patient is also taking them orally (NSAIDs, Gabapentin). The other agent "Trama/Baclo", which is assumed to be Tramadol/Baclofen, is not clear if it was recommended to be continued. However, baclofen as a topical agent is not recommended for use according to the MTUS and therefore is not medically necessary.

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