

<b>Case Number:</b>	CM14-0037745		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old female was reportedly injured on January 16, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 13, 2014, indicates that there are ongoing complaints of low back pain with lower extremity involvement. The physical examination demonstrated well-developed, well-nourished and in no acute distress. A normal gait pattern is noted. There is tenderness to palpation and some muscle spasm noted in the lower lumbar region. Diagnostic imaging studies objectified minimal disc disease, degenerative arthritis. Previous treatment includes physical therapy, injections, medications, acupuncture and aquatic therapy. A request had been made for topical compounded preparations and was not certified in the pre-authorization process on March 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Transdermal compounds refilled on 2/13/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113 OF 127.

**Decision rationale:** CA MTUS guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory medications (NSAIDs) for treatment of the above noted diagnosis. Furthermore, there is no objectification of any satisfactory progress with the medication being deployed. The pain complaints continued to be significant and as such there is no medical necessity established for this preparation. The request is not medically necessary.