

<b>Case Number:</b>	CM14-0043324		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/04/1993
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 65-year-old male with a date of injury of 02/04/1993. The listed diagnoses per [REDACTED] are history of lumbar fusion; removal of hardware, lumbar spine; and severe stenosis L2-L3. According to progress report 01/22/2014, the patient presents with continued low back pain with some radiation to his lower extremities. The patient's medication regimen includes Norco 7.5/325 mg, Voltaren 75 mg, and topical P3 compound 120 g for acute exacerbations. The patient indicates his symptoms are manageable with the adjunct of his medications. He continues to work in his current capacity. He denies any side effects with medication intake. Examination revealed the patient ambulates with the aid of a cane, and there is tenderness in the lower lumbar paravertebral musculature. Forward flexion is 60 degrees, extension is 10 degrees, lateral bending is 30 degrees, and strength in the lower extremities is globally intact. The request is for refill of P3 Compound 120grams. Utilization Review denied the request on 03/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill P3 compound 120grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** This patient presents with continued low back pain with some radiation to his lower extremities. The provider is requesting a refill of P3 topical compound cream to apply 2 to 3 times a day, 120 grams. The medical records indicate the patient has been prescribed a compound topical cream since 07/11/2012. Review of the medical file includes progress reports from 07/11/2012 to 01/22/2014. The reports do not provide ingredients or components of this topical compound cream. P3 is a compounding pharmacy. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, review of progress reports from 07/11/2012 to 01/22/2014 does not provide any discussion of the efficacy of this compound topical cream. Furthermore, MTUS states topical creams are largely experimental. Therefore, this request is not medically necessary.