

<b>Case Number:</b>	CM14-0057471		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/01/2002
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old male injured on 03/01/02 due to an undisclosed mechanism of injury. Current diagnoses include lumbar degenerative disc disease with grade 2 spondylolisthesis at L4-5 and L5-S1, chronic lumbosacral sprain/strain with left leg radiculopathy, left sacroiliac joint sprain unresolved, and status post L5-S1 fusion. Clinical note dated 07/08/14 indicates the injured worker presented reporting better pain control with low back pain and requesting diminished reliance upon pain medication. The injured worker reports increased right hip pain and ongoing numbness in the right leg radiating to the right lateral calf and great toe. The injured worker reported numbness in bilateral heels and intermittent right calf cramping. Physical examination revealed diminished range of motion due to pain, positive straight leg raising, diminished sensation in the left great toe, guarding with palpation of the lumbar paravertebral muscles, pain with palpation of the right sacroiliac joint, and deep tendon reflexes 2+ at the knees and 0 at the ankles with reinforcement. Prescription for Prilosec 20 mg, Gabapentin 600 mg, Anaprox 550 mg, and Hydrocodone 2.5/325 mg provided. The initial request for transdermal compound cream-TramCapc 120gm for date of service 03/05/14 was non-certified on 07/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal compound Cream-TramCapc 120gm for date of service 3/5/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability guidelines.

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Transdermal compound Cream-TramCapc 120gm for date of service 3/5/14 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.