

<b>Case Number:</b>	CM14-0067320		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 38 year-old man who was injured at work on 7/7/2013. The injury was primarily to his low back and right knee. He is requesting review of denial for the use of: Compound Analgesic Cream/Lumbar. Medical records include the Primary Treating Physician's Progress Reports (PR-2s). They indicate that the patient has been evaluated for persistent pain in the back. Ongoing diagnoses include: L4-5 Discogenic Back Pain with Right Lower Extremity Radiculopathy. He was treated with physical therapy, acupuncture and given a pain management referral for an epidural injection. He has also been prescribed Tramadol, Naproxen, and topical creams. EMG and Nerve conduction studies were completed on 6/26/2014 and were reported as follows: Normal EMG and nerve conduction study of the bilateral lower extremities. No evidence of lumbrosacral radiculopathy. No evidence of peripheral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Analgesic Cream Lumbar:** Upheld

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. They are recommended as an option. These agents are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the information available in the medical records, the requested compounded topical analgesic contains the following ingredients: Tramadol, Gabapentin, Capsaicin, Camphor, and Menthol. The above stated criteria indicate that Gabapentin is not recommended as a component of a topical analgesic cream. Given that this compounded drug includes gabapentin, the overall treatment is not recommended. Further, the medical records indicate that this patient does not have neuropathy as indicated by the results of the EMG and Nerve Conduction Studies. In summary, there is no justification for the use of this topical analgesic cream as such the request is not medically necessary.