

Case Number:	CM14-0076025		
Date Assigned:	07/18/2014	Date of Injury:	05/19/2004
Decision Date:	08/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Pain Management, 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 51-year-old female with date of injury of 05/19/2004. The listed diagnosis per [REDACTED], dated 02/11/2014, is lumbar spondylosis with radiculitis. According to the only report provided, the patient continues to complain of low back pain with associated stiffness. It is exacerbated by prolonged sitting or walking. She indicates that although she is symptomatic, she notes intermittent Motrin alternated with P3 topical compound allows her to continue working in her current capacity and avoid narcotic pain medications. The objective findings show there is tenderness in the lower lumbar paravertebral musculature. Strength in the lower extremities is globally intact. There is a positive sitting straight leg raise examination on the right. The utilization review denied the request on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

P3 compound #120grams.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams page 111Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with low back pain. The treating physician is requesting a P3 compound, quantity 120 g. The MTUS guidelines, page 111, on topical creams states that it is recommended as an option but is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." P3 is a water-based anti-inflammatory cream used in the treatment of inflamed muscles and joints. It combines four pain relievers to relieve muscle pain including peppermint oil, Calendula oil, eucalyptus oil, and tea tree oil. In this case, there are no guidelines support for any of the ingredients contained in this topical product. The request is not medically necessary and appropriate.