

<b>Case Number:</b>	CM14-0088454		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of March 21, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; and topical agents. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for an unspecified topical compounded cream. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant persistent complaints of low back pain. The applicant was using oral Norco for pain relief. 3-7/10 pain was noted. The applicant was not working, it was acknowledged. Norco and physical therapy were refilled. On July 7, 2014, the applicant was again described as reporting highly variable 2-6/10 pain. The applicant was not working, it was noted. The applicant was status post epidural steroid injection therapy, it was stated, and had also received manipulative therapy, physical therapy, and massage therapy, it was acknowledged. Norco was again refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of compound cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html).

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Guidelines, topical analgesics, as a class, are "largely experimental." In this case, no rationale for selection and/or ongoing provision of the topical compounded cream was furnished. The exact ingredients and composition of the cream in question were not furnished. The applicant's ongoing usage of first-line oral Norco, furthermore, effectively obviated the need for the cream in question. Therefore, the request is not medically necessary.