

<b>Case Number:</b>	CM14-0091469		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on 30 January 2014. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 27, 2014, indicates that there are ongoing complaints of low back pain and bilateral leg pain. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness along the paraspinal muscles. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed a diffuse disc bulge at L3 - L4, L4 - L5, and L5 - S1. There was also facet degeneration at L4 - L5. Previous treatment includes physical therapy and chiropractic treatment a request had been made for topical creams and was not certified in the pre-authorization process on June 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Creams, non-specific:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore the ingredients of the requested topical cream are not stated. As such, this request for a topical cream is not medically necessary.