

<b>Case Number:</b>	CM14-0103813		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 an injured worker who sustained a work-related injury on April 1 2014. Subsequently, the patient developed a chronic pain syndrome. According to a progress report dated on April 14 2014, the patient was complaining of right lower extremity pain. The patient underwent right proximal hamstring repair and sciatic nerve neurolysis. The patient underwent successful surgery with good progress. The patient physical examination demonstrated some atrophy of the right hamstring muscles. The patient was diagnosed with status post right hamstring repair. The provider requested authorization for a topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound-Levodcetir/Tranilast/Mometason/Propylene/Praca Day Supply: 15 QTY: 120 Refills: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

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

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, section on Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Levodcetir or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Based on the above  
Levodcetir/Tranilast/Mometason/Propylene/Praca Day Supply: 15 QTY: 120 with 1 refill is not medically necessary.