MAXIMUS Federal Services

Case Number:	CM14-0197277		
Date Assigned:	12/05/2014	Date of Injury:	07/30/1987
Decision Date:	02/24/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 injured worker is a 72-year-old female who reported an injury on 07/30/1987. The mechanism of injury was not provided. Her diagnosis was noted as other injury of other sights of trunk. Her past treatments were noted to include topical analgesics, Tylenol, home exercise, physical therapy, and injections. Her diagnostic studies were not provided. Her surgical history was noted to include L1-5 decompressive laminectomies for treatment of the lumbar condition; date performed not provided. Surgical the assessment on 09/16/2014, the injured worker reported slowly progressive low back pain. She reported her low back pain seemed to start either on the right or left side, but then became diffuse throughout the low back region in the form of aching. She denied any radiating into the buttocks or lower extremities. The injured worker reported that her low back pain is worsened with prolonged standing and walking, as well as bending, twisting, and lifting activities. She reported that her pain improved with sitting or lying down along with occasional use of Tylenol. The physical examination revealed that the injured worker stood in spinal balance with obvious scoliotic curvature. She stood mildly flexed forward at the waist with diminished lumbar lordosis and normal thoracic kyphosis. There were no specific areas of tenderness to palpation of the lumbosacral spine. The lumbosacral active range of motion allowed the finger tips in flexion to come to the proximal shins with only mild pulling in the low back. Her extension was significantly reduced, but not pain producing. Her right lateral bending was moderate reduced and caused right sided back pain. Her other movements were moderately diminished, but not pain provoking. Her medication was noted as Tylenol; dose and frequency not provided. The treatment plan was to continue with the

compound ointment. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream 240grams x 6 refills: Upheld

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

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

Decision rationale: The request for compound cream 240 grams x6 refills is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug that is not recommended is not recommended. The ingredients for the requested compound cream were not provided in the request. There is a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The frequency and application site for the proposed medication was also not provided. Given the above, the request is not medically necessary.