

Case Number:	CM15-0003522		
Date Assigned:	01/14/2015	Date of Injury:	06/15/2006
Decision Date:	03/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male with an industrial injury dated June 15, 2006. The injured worker's diagnoses include chronic pain syndrome, disorder of lumbar disc and lumbar radiculopathy. He has been treated with prescribed medication, activity restrictions, and periodic follow up visits. In a progress note dated 11/18/2015, the injured worker reported left low back pain with radiation to his left leg and foot. The injured worker also reported increased pain and muscle tightness in his calves, right foot, and tingling in his left last three toes. Objective findings revealed tenderness of the lumbar paraspinal muscle, greater on the left side and limited range of motion of the low back. The treating physician prescribed K-rub 2 cream now under review. On December 4, 2014, Utilization Review (UR) non-certified the request for K-rub 2 cream, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

K-rub 2 cream: 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 section Page(s): 111-113.

Decision rationale: The requesting physician explains that K-rub 2 cream is a compounded cream. The injured worker reports that he feels relief with this compounded cream. He specifically reports significant pain reduction and muscle spasm reduction with use of the cream. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The ingredients of this compounded cream are not explained by the requesting physician, however it apparently has a muscle relaxant component by description. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for K-rub cream 2 is determined to not be medically necessary.