

<b>Case Number:</b>	CM15-0146046		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, Florida, 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:

This injured worker is a 56 year old female who reported an industrial injury on 7-24-2012. Her diagnoses, and or impression, were noted to include: chronic low back pain with radicular symptoms to the right lower extremity - in the lumbosacral nerve direction; lumbar spine sprain-strain; lumbar spine degenerative disc disease; and right sacroiliac joint arthropathy. No current imaging studies were noted. Her treatments were noted to include: a qualified medical evaluation on 3-11-2015; injection therapy; medication management; and rest from work. The progress notes of 3-10-2015 reported a follow-up visit for continued low back pain with radicular symptoms in her right lower extremity Objective findings were noted to include: tenderness to the bilateral lumbar para-spinal region, lumbar spinous process, inter-spinous ligaments, posterior iliac spine and facet joints; muscle spasms with lumbar range-of-motion; decreased deep tendon reflexes and strength on the right side; decreased sensation in the lumbar nerve root distribution; positive right straight leg raise and Patrick's tests on the right; and decreased lumbar range-of-motion. The physician's requests for treatments were noted to include the continuation of her medications due to a 50% decrease in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound analgesic cream: Ketoprofen 15%/Gabapentin 10%/Lidocaine 5%/Baclofen 2.5%/Cyclobenzaprine 2.5%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page 111 of 127.

**Decision rationale:** This claimant was injured in 2012 with chronic low back pain and radicular symptoms to the right lower extremity. The physician's requests for treatments were noted to include the continuation of her medications due to a 50% decrease in pain. There is no mention of intolerance to oral medicine or the objective benefit out of compounded preparations. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.