

<b>Case Number:</b>	CM15-0146070		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/17/2015
<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, New York, 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 applicant is a represented 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 29, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for topical compounded ointment. The claims administrator referenced an RFA form received on July 1, 2015 in its determination, along with an associated progress note of June 3, 2015. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Tramadol, Robaxin, Motrin, Norco, and Medrol, it was reported. On June 5, 2015, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back and elbow pain with derivative complaints of depression, anxiety, insomnia, tearfulness. A spine surgery consultation was endorsed. The applicant was placed off work. Topical compounds, Norco, Ativan, and Zolofit were renewed. Additional manipulative therapy was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCMC Ointment 120gm (unspecified quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics; Functional Restoration Approach to Chronic Pain Management Page(s): 111; 7.

**Decision rationale:** No, the request for a topical compounded FCMC ointment was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the FCMC agent in question are deemed "largely experimental." It is further noted that the ingredients in the compound in question were not furnished. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, clear prescribing information was not furnished, either via a June 3, 2015 progress note or via a June 22, 2015 RFA form. It was further noted that applicant's ongoing usage of what the MTUS Guideline in ACOEM Chapter 3, page 47, deems first-line oral pharmaceuticals such as Norco, Naprosyn, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" agents such as the topical compound in question. Therefore, the request was not medically necessary.