

<b>Case Number:</b>	CM15-0028630		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/13/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Physical Medicine & Rehabilitation, 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 51 year old male, who sustained an industrial injury on 11/13/09 after a lumber cart rolled over his foot. The diagnoses have included lumbar radiculopathy and status post left foot amputation. Treatment to date has included medications, surgery, diagnostics and conservative measures. Currently, as per the physician progress note dated 1/8/15, the injured worker complains of constant pain in the bilateral lower extremities with numbness and tingling. The pain was rated 6/10 on pain scale. He also complained of constant left ankle pain rated 7/10 on pain scale. The current medications were not noted. The physician physical exam revealed decreased lumbar range of motion and tenderness along the lumbar spine. The left ankle range of motion revealed plantar flexion 35 degrees, dorsiflexion 20 degrees, inversion 25 degrees and eversion 20 degrees. The physician requested treatment was for prescription drug, generic topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for the medication prescribed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for medication, it appears that an unspecified topical medication is being requested. CA MTUS notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, the above has not been documented. Furthermore, the medical necessity of an unspecified medication cannot be determined and, unfortunately, there is no provision for modification of the request. Given all of the above, the requested medication is not medically necessary.