

<b>Case Number:</b>	CM15-0222312		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 34 year old male, who sustained an industrial injury on 9-11-2014. The injured worker is being treated for lumbar pain, lumbar radiculopathy, and lumbar sprain-strain. Treatment to date has included diagnostics, medications, trigger point injections, physical therapy, acupuncture and chiropractic treatment. Per the Secondary Treating Physician's Progress Report dated 10-08-2015, the injured worker reported constant, severe to 8 out of 10 low back pain, heaviness, numbness, tingling and weakness radiating to the legs. He gets relief from medications and massage. Current medications include Gabapentin, Pantoprazole, Zolpidem, Alprazolam and Diclofenac Sodium. Objective findings included restricted ranges of motion and tenderness to palpation of the lumbar paravertebral muscles. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included continued medication management. Authorization was requested for compound (HS) AGB cream 30g and compound FBD cream 30g. On 10-16-2015 Utilization Review non-certified/modified the request for compound (HS) AGB cream 30g and compound FBD cream 30g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: (HS) AGB cream 30g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.  
Decision based on Non-MTUS Citation [http://www.leginfo.ca.gov/pub/11-12/bill/asm/lab\\_0351-0400/ab\\_378\\_bill\\_20110908\\_amended\\_sen\\_v94.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/lab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Compound: (HS) AGB cream 30g. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.

**Compound FBD cream 30g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.  
Decision based on Non-MTUS Citation [http://www.leginfo.ca.gov/pub/11-12/bill/asm/lab\\_0351-0400/ab\\_378\\_bill\\_20110908\\_amended\\_sen\\_v94.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/lab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html).

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