

Case Number:	CM15-0039583		
Date Assigned:	03/09/2015	Date of Injury:	04/09/2012
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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 60-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 9, 2012. In a Utilization Review Report dated February 18, 2015, the claims administrator denied a topical compounded medication. An RFA form dated February 3, 2015 was referenced in the determination. In a progress note dated January 29, 2015, the applicant was described as having ongoing complaints of neck and low back pain. The applicant was reportedly using Celebrex, Lorzone, and Nucynta, in addition to the topical compounded agent in question. On February 12, 2015, the applicant again reported 6-7/10 pain complaints and was placed off of work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TN1 Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: No, the request for a topical compounded "TN1" cream 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, as a class, are deemed largely experimental. Here, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Celebrex, Lorzone, Nucynta, etc., effectively obviated the need for the largely experimental topical compounded agent, the ingredients of which, it is incidentally noted, were not clearly detailed. Therefore, the request was not medically necessary.