

Case Number:	CM15-0053696		
Date Assigned:	03/27/2015	Date of Injury:	09/06/2006
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 56-year-old male, with a reported date of injury of 09/06/2006. The diagnoses include degeneration of the lumbar intervertebral disc, lumbosacral neuritis or radiculitis, backache, chronic postoperative pain, sciatica, and abnormality of gait. Treatments to date have included electrodiagnostic studies, oral medications, lumbar spinal surgery, revision of back surgery, chiropractic treatment, internal bone stimulator with removal, and an MRI of the lumbar spine. The medical report dated 03/10/2015 indicates that the injured worker complained of low back pain. He rated his pain 7 out of 10. It was reported that he got some pain relief with the use of his pain medication. The objective findings include moderate tenderness on palpation of the lumbar and thoracic paraspinal muscles, a swinging pattern to his gait, hypersensitivity to touch in the lumbar paraspinal region, and slightly hypertonic lumbar paraspinal region. The treating physician requested topical analgesic creme 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic creme 10% topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or Gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the documentation doesn't support that the patient has tried and failed first line agents. Also, the documentation doesn't define what the analgesic cream contains. Therefore, the continued use of this analgesic cream is not supported for medical necessity.