

<b>Case Number:</b>	CM15-0089477		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, 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:

This 45 year old male sustained an industrial injury to the back on 6/5/03. Previous treatment included magnetic resonance imaging, lumbar fusion (2013), physical therapy and medications. Magnetic resonance imaging lumbar spine (2/2/15) showed postsurgical L5-S1 fusion with hardware placement and disc desiccation with disc bulge at L3-4. In a PR-2 dated 4/3/15, the injured worker complained of low back pain. The physician noted that the injured worker's pain was not well controlled with Percocet. Physical exam was remarkable for trigger points over the lumbar facets bilaterally with facet loading pain as well as positive Patrick's test, Gaenslen's test and sacroiliac joint distraction tests bilaterally. Current diagnoses included lumbar post laminectomy syndrome, myalgia/myositis, neuralgia/radiculitis and long term use of medications. The treatment plan included increasing Percocet to three times a day, continuing medications (Mobic and Zanaflex) and a trial of Toradol compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol compound cream 1g #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** MTUS 2009 does not support the use of topical agents to treat n-neuropathic pain. Topical NSAIDS can be used to treat superficial joints. This patient does not suffer from neuropathic pain and the Toradol topical is prescribed for the lower back. The use of Toradol topical agent does not adhere to MTUS 2009 in this case. There is no evidence that this preparation is as effective or as safe as other commonly used agents. Toradol topical cream is not medically necessary in this case.