

<b>Case Number:</b>	CM14-0113502		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 32-year-old male who reported injury on 06/16/2013. The mechanism of injury and surgical history were not provided. The diagnostic studies included an MRI of the lumbar spine. The injured worker's medications included Nucynta 100 mg up to 8 per day, Soma 350 mg #150, Daypro 600 mg twice a day, Lyrica 75 mg 1 to 2 at bedtime, Buspar, Atarax, Cymbalta, Abilify, and Valium, Senokot S, and MiraLax powder. Prior treatments included exercise and a TENS unit. The documentation of 08/26 indicated the injured worker was utilizing topical analgesic cream that was helping with pain. The injured worker had constant low back pain, leg pain, and weakness. The injured worker was ambulating without an assistive device. The injured worker had tightness and tenderness to palpation of the bilateral lumbosacral paraspinal muscles. The diagnoses included lumbosacral disc injury, lumbosacral radiculopathy, and chronic pain syndrome with depression. The treatment plan included a continuation of the topical NSAID for topical control of pain and inflammation. There was no rationale or Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical analgesics:** 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:** The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the components for the topical analgesic. The request as submitted additionally failed to indicate the frequency, quantity, and strength for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for topical analgesics is not medically necessary.