

Case Number:	CM14-0119304		
Date Assigned:	08/06/2014	Date of Injury:	10/29/2012
Decision Date:	09/26/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Internal Medicine, and is licensed to practice in California. 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 patient is a 56 year old female with an injury date of 10/29/12. Based on 03/27/14 progress report provided by [REDACTED], the patient presents with low back pain radiating to bilateral lower extremities. Upon physical examination, tenderness and muscle spasm was noted on lumbar spine. Range of motion is decreased, especially lumbar extension 20 degrees, which causes pain over the facet joints. Faber test is positive. Diagnosis: low back pain with radicular symptoms bilateral lower extremities worse on right lumbar spine spondylosis. Based on QME report dated 04/17/14, page 81 of 132, patient was started on a trial of compound analgesic cream containing Trarnadol/Camphor/Menthol/Capsaicin for lower back symptomatic relief of pain. Specific percentages not indicated. [REDACTED] is requesting compound analgesic cream. The utilization review determination being challenged is dated 07/01/14. The rationale is "medical information that is required to determine the medical necessity of "Compound Analgesic cream" has not been made available for review." [REDACTED] is the requesting provider, and he has provided treatment reports from 01/02/14 - 03/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Analgesic Cream (Unspecified): Upheld

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

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

Decision rationale: The patient presents with low back pain and has been diagnosed with lumbar spine spondylosis. The request is for Compound Analgesic Cream (unspecified). MTUS has the following regarding topical creams (p111, chronic pain section): "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." QME report dated 04/17/14, page 81 of 132, mentions that "patient was started on a trial of compound analgesic cream containing Trarnadol/Camphor/Menthol/Capsaicin for lower back symptomatic relief of pain," specific percentages were not indicated. Current request does not specify ingredients necessary to make assessment of medical necessity based on guidelines. Therefore, Compound Analgesic Cream (Unspecified) is not medically necessary and appropriate.