

Case Number:	CM14-0123745		
Date Assigned:	09/16/2014	Date of Injury:	01/22/2014
Decision Date:	11/05/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 & Rehabilitation 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 injured worker is a 51-year-old male who reported an injury on 01/22/2014. The mechanism of injury was a motor vehicle accident. Prior treatments included medications and acupuncture. Prior diagnostic studies included an MRI of the right knee and an MRI of the lumbar spine. The injured worker underwent x-rays of the lumbar spine and right knee. The injured worker was utilizing topical medications since 01/2014 at least. The surgical history was noncontributory. Other medications included Norco 10/325 mg 1 tablet twice a day for breakthrough pain, Naprosyn 550 mg 1 tablet twice a day, Tizanidine 4 mg at bedtime, and a compound analgesic cream, as well as gabapentin 300 mg at bedtime. The diagnoses included chronic low back pain with degenerative disc disease at the level of L2-S1 with mild to moderate central canal stenosis and mild to moderate neural foraminal stenosis at the level of L2-5, and lumbar spine spondylosis at the level of L2-S1 as well as right knee pain. The documentation of 06/19/2014 revealed the injured worker received a steroid injection to the right knee. The injured worker had complaints of constant low back pain and right knee pain. The physical examination revealed the heel walk and toe walk were not normal on the right secondary to pain. There was tenderness in the lumbar paraspinal region bilaterally. There was tenderness in the midline lumbar region. The reflexes in the patella and Achilles were +1. The injured worker had decreased strength of 4/5 in the quadriceps, tibialis anterior, extensor hallucis longus, and gastrocnemius on the right. The injured worker's sensation was known to be decreased at L3-S1. The injured worker had tenderness in the lumbar spinous process, interspinous ligaments, posterior superior iliac space and facet joint. The straight leg raise produced leg pain in the supine position at 40 degrees on the right. The straight leg raise produced back pain in the supine position. The lumbar extension caused pain over the facet joints. The injured worker had decreased range of motion. The injured worker had spasms with range of motion of the lumbar

spine. The treatment plan included Medrol, an epidural steroid injection at the level of L4-5 and L5-S1, an MRI of the lumbar spine, and authorization for Norco 10/325 mg 1 tablet twice a day for breakthrough pain, Naprosyn 550 mg 1 tablet twice a day, Tizanidine 4 mg at bedtime, and a compound analgesic cream, as well as gabapentin 300 mg at bedtime. There was a lack of documented rationale. There was a Request for Authorization submitted for the compound analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound analgesic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): PAGE 78, 111-113.

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

Decision rationale: The California MTUS guideline 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. The clinical documentation submitted for review failed to provide the components for the requested medication. The request as submitted failed to indicate the quantity, frequency, and body part to be treated with the compound analgesic cream. The clinical documentation indicated the injured worker had utilized topicals since 01/2014. There was a lack of documentation of a failure of a trial of antidepressants and anticonvulsants, as the injured worker was utilizing gabapentin. Given the above, the request for compound analgesic cream is not medically necessary.