

<b>Case Number:</b>	CM14-0127638		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/01/1989
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; anxiolytic medications; home health services; and extensive periods of time off of work. In a Utilization Review Report dated July 26, 2014, the claims administrator retrospectively denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a May 20, 2014 progress note, the applicant presented with persistent complaints of low back pain and leg pain, reportedly severe. The applicant was using a motorized scooter to move about and was receiving 24-hour home health services, it was further stated. Several recent deaths in the family were noted. The claimant was on OxyContin, Colace, Valium, Methadone, Baclofen, and Neurontin, Oxycodone, Fentora, and vitamin B12, it was stated. Topical compounded medications were endorsed via a request for authorization forms dated May 20, 2014 and June 24, 2014. On June 24, 2014, the applicant was again described as using Baclofen, Valium, Methadone, Neurontin, oxycodone, OxyContin, Fentora, and vitamin B12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Naprosyn 15% transdermal compound cream for the lumbar spine DOS 6/24/14: 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 topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including OxyContin, oxycodone, Neurontin, etc., effectively obviates the need for the largely experimental topical compounded agent. Therefore, the request was not medically necessary.