

<b>Case Number:</b>	CM14-0146483		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 07/11/2012. The mechanism of injury was electrocution with subsequent fall. Diagnoses included thoracic sprain/strain, lumbar sprain/strain, probable herniated nucleus pulposus to the lumbar spine, and rule out radiculopathy. Past treatments included lumbar medial branch blocks and medications. Pertinent diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 08/12/2014 indicated the injured worker complained of pain in the neck, mid back, low back, bilateral legs, and bilateral hips. The physical exam revealed decreased range of motion in the spine and right hip, and tenderness to palpation in the lumbar spine and right hip. Current medications included Ultram 50 mg, Motrin 800 mg, Prilosec 20 mg, and flur-diclo compound. The treatment plan included transdermal compound, quantity 240. The rationale for the treatment was not provided. The Request for Authorization form was completed on 08/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Compound QTY 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The injured worker complained of pain in the neck, back, and bilateral hips and legs. Physical exam revealed decreased range of motion of the spine and tenderness to palpation in the spine and right hip. The request does not specifically state the ingredients for the transdermal compound, as well as indications of the specific location and frequency for the use of the compound. Therefore, the request for Transdermal Compound QTY 240 is not medically necessary.