

<b>Case Number:</b>	CM14-0157760		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 53 year old female with date of injury of 3/6/2014. A review of the medical records indicates that the patient is undergoing treatment for a sacral contusion. Subjective complaints include continued pain in her lower back, hips, and coccyx region sometimes up to 9/10 and shooting in nature. Objective findings include X-ray showing degenerative disc disease at L5-S1. Treatment has included physical therapy, Soma, Norco, Ultra, Robaxin, and Trazodone. The utilization review dated 9/12/2014 non-certified Dyna MD compound medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dyna MD compound medication:** 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants

and anticonvulsants have failed." MTUS states, "There is little to no research to support the use of many of these agents." The medical documents do not indicate failure of antidepressants or anticonvulsants. Therefore, the request for Dyna MD compound cream is not medically necessary.