

<b>Case Number:</b>	CM14-0098854		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/24/2007
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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, and is licensed to practice in Texas & 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 male who reported an injury on 07/24/2007. The mechanism of injury was not provided. On 02/26/2014, the injured worker presented with pain in the back. Current medications included Motrin, Flexeril, and Ultram. Diagnoses were chronic thoracic lumbar myofascial pain with postural dysfunction. The provider recommended [REDACTED]. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] AAA Disp. 120 with 5 Refills:** 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 MTUS Chronic Pain Guidelines state that transdermal compounds are largely experimental in use with few randomized control 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

1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, and methyl salicylates. The MTUS Chronic Pain Guidelines do not support the use of many of these agents. There is a lack of documentation of the injured worker's failure to respond to an anticonvulsant or antidepressant. Additionally, the provider's request does not indicate the site at which [REDACTED] was indicated for or the frequency of the medication in the request as submitted. As such, medical necessity has not been established.