

<b>Case Number:</b>	CM15-0014093		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 48 year old male who sustained an industrial related injury on 1/3/13. The injured worker had complaints of low back pain that radiated to the right leg. Treatment included physical therapy, massage therapy, chiropractic treatments, and acupuncture which provided partial temporary relief. Physical examination findings included facet tenderness was present on the right lumbar spine, decreased lumbar spine range of motion, and a straight leg raise test was positive on the right side. The diagnosis included thoracic or lumbosacral neuritis or radiculitis. The treating physician requested authorization for 1 container of Dyna MD compound pain cream. On 1/5/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the requested topical analgesic compound contains more than 1 drug or drug class that is not recommended. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dyna MD compound pain cream, quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dynamd.com/compounding-medications/>

**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." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Baclofen is "Not recommended". Dyna Cream contains Baclofen according to the PR-2 request. As such, the request for Dyna MD compound pain cream, quantity: 1 is not medically necessary.