

<b>Case Number:</b>	CM15-0119709		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 52-year-old female who sustained an industrial injury on November 18, 2013. A primary treating office visit dated December 04, 2014 reported the worker having had a lumbar epidural injection with note of symptom worsened. There is also mention of prescribed modified work duty but the employer making her perform regular duty work. The treating diagnosis is: herniated nucleus pulposus. On November 10, 2014, an operative report described the worker undergoing a lumbar epidural steroid injection. At a follow up dated November 26, 2014, there were subjective report of lower back and leg pain, constant. She states her range of motion is limited. The worker noted not showing to a follow up appointment on January 39, 2015 with mention of no further appointments scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto (ketoconazole) ointment 120gm:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure or intolerance of NSAID or oral first line medications for the treatment of pain. There is no justification for the use of a topical Compound Ointment .Therefore, the request for Keto (ketoconazole) ointment 120gm is not medically necessary.

**FCMC ointment 120gm:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure or intolerance of NSAID or oral first line medications for the treatment of pain. There is no justification for the use of a topical Compound Ointment .Therefore, the request for FCMC ointment 120gm is not medically necessary.