

Case Number:	CM15-0073856		
Date Assigned:	04/23/2015	Date of Injury:	09/11/2007
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on September 11, 2007. The injured worker was diagnosed as having chronic low back pain with left leg pain, status post laminectomy/decompression of L4-L5 and L5-S1, multiple level left sided disc lesions at L3, L4, and L5, myofascial pain/spasm, thoracic/lumbosacral neuritis/radiculitis, pain in thoracic spine, lumbago, and hypertension. Treatment to date has included MRIs and medication. Currently, the injured worker complains of low back and left leg pain, with carpal tunnel syndrome bilaterally. The Treating Physician's report dated March 11, 2015, noted the injured worker reported increased pain with poor sleep quality. The injured worker reported that the Baclofen trial did not work, and the Vimovo trial also did not work too well. The injured worker was noted to have difficulty filling her medications on a timely basis, claiming her pain was a 10/10. The injured worker's current medications were listed as Celebrex, Fentanyl patch, Lyrica, Norco, Phentermine, Prilosec, and Soma. Physical examination was noted to show no new deficits. The treatment plan was noted to include continued medication management with continued Norco, Fentanyl patch, Prilosec, Lyrica, Phentermine, and TN1 cream, with Baclofen and Vimovo discontinued, Soma and Celebrex held, and a trial of Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED TN1 compound cream is denied by the physician advisor: 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): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.