

<b>Case Number:</b>	CM13-0006335		
<b>Date Assigned:</b>	09/09/2013	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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 patient is a 49-year-old female who reported an injury on 11/26/2001. The patient is diagnosed with internal derangement of the knee, neck sprain, and lumbosacral sprain. The patient was seen by [REDACTED] on 07/08/2013. Physical examination revealed diminished range of motion of the cervical and lumbar spine, palpable tenderness and spasm over the paravertebral and trapezius muscles, palpable tenderness and spasm over the paravertebral muscles in the lumbar spine, negative straight leg raising, and effusion with palpable tenderness of bilateral knees. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ointment (unspecified):** 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 Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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 as a whole. As per the clinical notes submitted, there was no documentation of a specific product with dosage and quantity. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.