

<b>Case Number:</b>	CM13-0010462		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 61 year old female with a date of injury on 4/20/2008. Diagnoses include lumbar radiculopathy, rotator cuff syndrome, cervical disc syndrome and status post lumbar spine fusion on 1/8/2013. Subjective complaints are of neck pain that radiates to the arms, and low back pain that radiates to the bilateral legs. Physical exam shows positive right shoulder impingement test, subacromial tenderness, and lumbar spine tenderness and spasm. Medications include Lyrica, ibuprofen, and tizanidine. Office notes indicate a topical cream to be applied to areas of complaint. The specific type of topical cream is not identified in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF TOPICAL CREAM (DOS: 6/3/13): 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): 111-113.

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This request is for

an unspecified topical cream to apply to areas of complaint. Since the specific medications are not identified, the medical necessity of this cream is not established.