

<b>Case Number:</b>	CM13-0022689		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Occupational Medicine and is licensed to practice 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, upper extremity, and shoulder pain reportedly associated with cumulative trauma at work, first claimed on May 12, 2011. The applicant has also alleged derivative psychological stress. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and acupuncture; transfer of care to and from various providers in various specialties; psychological counseling; and epidural steroid injection therapy in unspecified amounts. In a utilization review report of August 28, 2013, prescriptions for a topical compound and Motrin were not certified by the claims administrator. The applicant's attorney later appealed. An earlier handwritten clinical progress note of August 14, 2013, is notable for comments that the claimant is depressed since ceasing working. She reports neck pain, shoulder pain, and headaches. The claimant has been asked to stop using her pain cream and medications, and pursue an occipital nerve block. Work restrictions are endorsed, which apparently are not being accommodated by the employer. A later handwritten note of August 27, 2013, is somewhat difficult to follow and seemingly notable for comments that the applicant should hold the proposed occipital nerve block and employ both Motrin and the pain cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Keto/Lido/Tramadol 20% 2% 2% cream #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the ingredients in the cream, ketoprofen, is specifically not recommended for topical compound use purposes. According to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Retrospective Keto/Lido/Tramadol 20% 2% 2% cream #120 is not medically necessary and appropriate.