

<b>Case Number:</b>	CM13-0042263		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/10/1999
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 claimant is a 56 y/o gentleman who fell and sustained injury in 11/ 1999. He has undergone cervical surgery, right and left shoulder surgery, and bilateral carpal tunnel release. 9/16/13 PR-2 noted pain management recommended for right hand surgery. Reports nerve pain along hernia repair/diastasis recti repair surgical scar. Treatment included Roxicodone 30 mg - 3 tabs BID and 4 tabs BID with Roxicodone 15 mg- 2 tabs QID for breakthrough pain, voltaren gel, and lyrica. There is a request for TG ice cream topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TC ice cream 240gm:** 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:** The medical records provided for review do not indicate specific rationale for the requested agent or indicate the content of the requested compounded cream. In the absence of this information, the medical necessity is not demonstrated and as such in my medical opinion, not indicated for the condition.

