

<b>Case Number:</b>	CM13-0044974		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/27/1999
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 and is licensed to practice in Rhode Island. 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 beneficiary presents for a date of injury of 9/27/99. He continues to have neck and bilateral arm pain. Associated stiffness. He has had a course of physical therapy and is on pain control medication. The exam shows tender trapezius and cervical area. MRI shows mild spinal stenosis and spondylosis. The diagnosis is overuse syndrome. the request is for P5 compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**P5 compound 120grams:** Upheld

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

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

**Decision rationale:** The beneficiary has overuse syndrome that is managed with pain control medication and physical therapy. The efficacy of P5 compound has not been demonstrated and Chronic Pain management guideline p 111-113 does not specifically address this topical medication. The P5 compound is medically not necessary.