

<b>Case Number:</b>	CM13-0049588		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine and Rehabilitation 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 42-year-old male who reported a work related injury on 05/20/2013 after he stepped off a platform onto his right foot which rolled inward causing the patient to fall to the ground. Recent clinical documentation stated the patient complained of right ankle pain which he reported as 4/10 on a VAS scale and low back pain was 6/10. Treatments and medications were reported to be slowly helping. Objective findings included right ankle tenderness at the medial malleolus that radiated to the leg and tenderness at L4-5, with restricted range of motion with pain and spasm. The patient's treatment plan included acupuncture, chiropractic therapy, topical compound cream administered as ordered, pain management referral, orthopedic referral and UA test for toxicology. The request has been made for topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream:** 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 California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was a lack of evidence given the patient had failed trials of antidepressants and anticonvulsants. A list of medications was not submitted for the patient. In addition, the Guidelines state that many agents are compounded as monotherapy or in combination for pain control and there is little to no research to support the use of many of these agents. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. The ingredients of the patient's compounded cream were not identified in the request or in the submitted documentation. There was no rationale provided for the compounded cream within the submitted clinical documentation for review. Therefore, the requested topical compound cream is not medically necessary or appropriate.