

<b>Case Number:</b>	CM13-0062591		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 diagnosed with atypical chest pain, status post closed head injury without loss of consciousness, posttraumatic labyrinthine dysfunction related to acceleration-deceleration forces applied to the craniocervical region, subcipital headaches with secondary myofascial pain syndrome. The patient was seen on 10/15/2013 for medical clearance for work conditioning. The patient does report chest pain. On 10/17/2013, the patient had an evaluation for a chief complaint of cervical spine pain with spasms. The patient had an antalgic gait. The main complaint was intermittent to frequent mild to moderate headaches located behind ears, around head to the back of the head. There was no dizziness or blurred vision. The patient had frequent ringing in both ears, many times would feel clogged for a few seconds. Cervical spine revealed frequent mild to moderate aching dull pain across the cervical spine to the thoracic spine. The pain radiated to and from shoulders and down to the palm of the hand. The patient also noted lumbar spine had constant pain in the right lumbar spine 4/10 to occasional 8/10, with occasional radiation to the right lower extremity. On 10/15/2013 office visit the patient reports episodes of chest pain, noted that they can occur with or without exertion. The physician noted performed for electrocardiogram for evaluation of chest pain. Study indicated normal left ventricular function, normal EF, trace MR. Physician noted patient was medically cleared for work conditioning program. The physician noted the patient does report episodes of chest pains, however diagnostic testing does not indicate any evidence of ischemia. Physician noted based on the evaluation and clinical history the patient may begin a work conditioning program 3 days per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL CREAM:** Upheld

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

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

**Decision rationale:** California Guidelines do state that for topical analgesics they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided did state that the patient was as part of their medication taking topical cream but there was no name or dosage or frequency for that medication that along with the guidelines which do state that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also noted any compound product that contains at least 1 drug or drug class that is not recommended, is not recommended. Unfortunately, at this time, since we do not know the name, dosage, and frequency of that medication we cannot verify the compounds in the topical analgesics to make sure that they are recommended. Therefore, the request is non-certified.