

<b>Case Number:</b>	CM14-0000190		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Occupational Medicine, 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 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 an employee of [REDACTED] Companies, Inc. and has submitted a claim for herniated nucleus pulposus with cervical radiculopathy and stenosis associated with an industrial injury on April 6, 2011. Treatment to date has included cervical spine surgery, physical therapy, and medications. Medical records from 2013 were reviewed showing the patient complaining of neck, low back, bilateral shoulder, and bilateral wrist/hand pain associated with numbness and tingling. Objectively, the patient's cervical spine was noted to have mild paraspinal spasm and tenderness. There is a notable scar. The lumbar spine also had paraspinal spasms. Motor exam was normal. The scar cream is for the treatment of an anterior neck scar. This cream was first prescribed on November 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTIMATE SCAR CREAM:** 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 Page(s): 111-113.

**Decision rationale:** As stated in the California 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. Furthermore, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient is noted to have an anterior neck scar. The patient was prescribed a cream which is supposedly for scar treatment in the November 2013 progress note. However, the exact active ingredients of this cream were not documented. The exact functional deficits due to the scar were not clearly highlighted. Therefore, the request for ultimate scar cream is not medically necessary.