

<b>Case Number:</b>	CM14-0150321		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 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 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 injured worker is a 57-year-old male who reported an injury on 08/29/1998. The mechanism of injury was not provided. On 04/02/2014, the injured worker presented with knee pain. Prior therapy included an arthroscopic knee surgery, arthroscopic shoulder surgery, and sympathectomy of the cervical spine. Upon examination of the lower extremities, there was tenderness to the right along with swelling, effusion, and crepitus noted. There was atrophy with normal sensation and +2 pulses. Current medications included Lidoderm patches, Celebrex, Euflexxa, and topical creams. There was no diagnosis noted. The provider recommended analgesic cream. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Analgesic cream:** Upheld

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

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

**Decision rationale:** The request for an analgesic cream is not medically necessary. The California MTUS Guidelines state that transdermal compounds 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. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The provider's request does not specify what the topical analgesic is comprised of, or the site that the cream is intended for in the request as submitted. There is no dose, quantity, or frequency noted. Additionally, the efficacy of the prior use of the analgesic cream was not provided. As such, medical necessity has not been established.