

<b>Case Number:</b>	CM14-0153779		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/20/1998
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Massachusetts. 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:

According to the documents available for review, the patient is an injured female worker. The date of injury is 3/28/1998. The patient sustained an injury to the cervical spine. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the neck with radiation to the bilateral shoulders. The patient is status post cervical spine fusion. The current diagnosis is cervical stenosis and spondylosis. The patient is maintained on the multimodal pain medication regimen including Americare topical gel. A request for Americare topical gel was denied. The medical records were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Americare Gel Topical #150 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://www.amicare.com/amicare-gel>

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research to support the use of topical compounded creams. The use of these

compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. This request is not medically necessary.