

Case Number:	CM14-0164614		
Date Assigned:	10/09/2014	Date of Injury:	08/25/2010
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 claimant was injured on 06/25/10 compound pain cream is under review. The claimant has diagnoses of cervical sprain, shoulder pain, bursitis, and strain. She was prescribed Celebrex on 09/04/14. She has received chiropractic care. On 07/03/14, she reported falling while on vacation and her neck pain was worse with tingling in both arms and hands. She was using Nucynta. She was also given Celebrex. Chiropractic treatment was ordered. She was to continue the compound pain creams, Nucynta, and Celebrex. She has been prescribed Nucynta and Celebrex for a prolonged period of time. She has also been using pain creams for a prolonged period of time at least since 12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound pain creams: 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 analgesics Page(s): 143.

Decision rationale: The MTUS state "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other oral medications with no documentation of intolerance or lack of effectiveness. The medical necessity of this request for continued use of topical compound pain cream with unknown ingredients, frequency, and quantity has not been clearly demonstrated. Therefore, a Compound pain cream is not medically necessary.