

<b>Case Number:</b>	CM14-0164785		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	02/26/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 New York and North Carolina. 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, a 57-year-old woman, states she was injured 2/26/2009. She is appealing the 9/30/14 denial of topical compound cream. She was an analyst, now retired, and spent time on the computer and doing other office work. She was treated for left trigger thumb with surgical release, followed by multiple other releases of other trigger digits, complicated by flexion contractures. She was ultimately diagnosed with CRPS II (complex regional pain syndrome), with recommendations for various medications, including topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream 120gm (unspecified type/name) QTY: 4:** Upheld

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

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

**Decision rationale:** Topical analgesics may be indicated for neuropathic pain per chronic pain guidelines. There is little research to support use of many agents. There are only specific agents approved. Any compound that contains any unapproved agent is not indicated. There were no medications mentioned on the request for independent review, so medical necessity cannot be

established. The medical records indicate that the compound should contain gabapentin. That medication is specifically not recommended per MTUS chronic pain guidelines on topical analgesics. The denial is upheld.