

<b>Case Number:</b>	CM14-0168336		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 05/01/2012. The date of the utilization review under appeal is 09/22/2014. The patient's treated diagnoses include right shoulder internal derangement, left shoulder internal derangement, lumbar radiculopathy, right ankle internal derangement, left knee internal derangement, anxiety, depression, left wrist internal derangement, and right wrist sprain. Primary treating orthopedic physician notes are handwritten and only partially legible. As of 07/01/2014, this note appeared to discuss pain particularly in the right shoulder as well as a history of a lumbar radiculopathy by electrodiagnostic studies. The treatment plan included MRI of the right wrist, a Dynasplint to the right wrist, a cervical pillow, and pain management for cervical and lumbar radiculopathy. Previously on 05/22/2014, the treating physician recommended a topical compound to increase pain and decrease the need for oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xolido for pain 2% purchase:** 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.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 111, states that the use of topical compounded agents requires knowledge of the specific analgesic effects of each agent and how it would be useful for the specific goal required. The medical records do not contain such detail in this case. Moreover, this guideline recommends Lidocaine-containing topical analgesics only for localized peripheral neuropathic pain, which is not documented at this time. For these reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.