

<b>Case Number:</b>	CM14-0022576		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 51 year old female who sustained an injury on 06/04/12 while pulling boxes from overhead. The injured worker became unbalanced falling to the floor injuring the right side including the right ribs, right hip, and right lower extremity. Prior treatment did include the use of physical therapy as well as oral anti-inflammatories and muscle relaxers. It did not appear that the injured worker was provided any injections. The injured worker continued to report complaints of low back pain as well as neck and upper back pain radiating to the right upper extremity on 12/03/13. On physical examination, the injured worker was noted to have reduced grip strength in the right hand versus the left. There was tenderness to palpation in the cervical spine with noted loss of range of motion. There was decreased sensation throughout the right upper extremity. Some loss of range of motion in the right shoulder was noted. Reflexes were 2+ and symmetric. There was mild weakness noted on external rotation of the right upper extremity as well as weakness on wrist flexion and in the hand intrinsic musculature. Tinel's and Phalen's signs were both negative. There was also noted tenderness to palpation in the lumbar spine with associated spasms. There was some limited range of motion in the lumbar spine. Straight leg raise was negative for radicular findings. There was decreased sensation reported in an L4 through S1 distribution. Mild weakness at the quadriceps and on ankle plantar flexion was noted. Updated MRI studies were recommended at this visit as well as chiropractic therapy. The injured worker was seen on 02/26/14 with some improvements noted in the neck and left shoulder. The injured worker continued to report complaints of right wrist and low back pain radiating to the lower extremities. On physical examination, there was continued tenderness to palpation in the inner scapular regions with continued restricted range of motion in the bilateral shoulders. There was tenderness to palpation at the trapezii as well as at the right wrist over the volar carpal ligament. Recommendations were for continued chiropractic therapy for 8

sessions. The injured worker was also prescribed topical compounded medications. The requested FCMC/Keto cream was not recommended by utilization review on 02/04/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FCMC/KETO CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested FCMC/Keto cream is not medically necessary based on review of the clinical documentation submitted as well as current Chronic Pain Medical Treatment Guidelines. From the clinical notes provided, it is unclear what components are included in the requested FCMC/Keto cream. Per guidelines, topical analgesics including compounded topical medications for chronic pain are not well supported in the clinical literature. These topical analgesics are largely considered experimental and investigational due to the limited evidence in the clinical literature establishing their efficacy in the treatment of chronic pain. Per guidelines, topical analgesics can be considered an option in the treatment of neuropathic pain that has failed all other reasonable conservative options. In the clinical documentation submitted for review, there is no indication that the injured worker has failed a reasonable trial of 1st line medications for neuropathic pain such as anticonvulsants or antidepressants. The request is not medically necessary.