

<b>Case Number:</b>	CM14-0023952		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and Rehabilitation and is licensed to practice in California and Washington. 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 57-year-old male who reported an injury on 03/09/2013 due to an unknown mechanism. On physical examination dated 09/19/2013, the injured worker had complaints of constant left wrist pain which he rated at an 8/10. The injured worker also complained of left hand pain which he rated at 8/10. The injured worker did state that the pain levels mentioned were without the effects of medication. The injured worker had complaints of numbness and tingling, symptoms of depression due to loss of work, anxiety due to loss of work. Injured worker had an x-ray of the cervical spine on 09/16/2013 which revealed discogenic disease at the C4-5, characterized by decrease in height of the disc space together with anterior and posterior osteophytes. There was calcification in the anterior longitudinal ligament and anterior to the disc space at C5-6. There was calcification in the ligamentum nuchae posterior to the spinous process of the C5 and C6. Examination of the cervical spine revealed no loss of sensibility, no pain in the anterolateral shoulder and arm. At level C3-4, C4-5, C5-6, C6-7 and C7-T1, palpation revealed severe paraspinal tenderness and muscle guarding bilaterally, left greater than right. Foraminal compression test was positive on both sides and extension compression test was positive on the left and negative on the right. Range of motion for the cervical spine right was 40 degrees with flexion, extension was to 40 degrees, cervical spine rotation was 60 degrees to the right, 50 degrees to the left, cervical spine lateral tilt/flexion 25 degrees to the right, 30 degrees to the left. Exam of the thoracic spine revealed palpation tenderness at the upper trapezius on the left. Treatment plan for the injured worker was to continue physical therapy consultation, also the use of a transdermal analgesic, and diclofenac 75mg 1 tablet twice daily. Diagnoses for the injured worker were insomnia, closed fracture of other bone of the wrist: left wrist, closed fracture of middle or proximal phalanx or phalanges, left 5th proximal phalanx, degeneration of cervical intervertebral disc, osteoarthritis of the right

4th distal interphalangeal joint, subchondral cyst within capitate left wrist comminuted fracture of the 4th proximal phalanx. Past treatment was not submitted for review. The request received was for a prescription of compound cream. The rationale and Request for Authorization were not submitted for review.

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

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

**PRESCRIPTION OF COMPOUND CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUND MEDICATIONS.

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

**Decision rationale:** The request for a prescription of compound cream is non-certified. The request submitted does not state the ingredients of the compound cream, where the compound cream is to be applied, how often the compound cream is to be applied to the affected area. The California Medical Treatment Utilization Schedule states topical analgesics are recommended as an option. They are largely experimental in the use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is noted that the injured worker was not noted to have tried a trial of antidepressants or an anticonvulsants with reported documentation of failure. The Medical Guidelines also state any compounded product that contains at least (1 drug or drug class) that is not recommended is not recommended. The request does not state what medication and dosage is included in the topical compound. The request does not state where the compound cream is to be applied and how often. There is a lack of documentation indicating the injured worker has failed trials of antidepressants and anticonvulsants. Therefore, the request is non-certified.