

<b>Case Number:</b>	CM14-0024029		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/12/2014
<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 Nevada. 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 records, presented for review, indicate that this 49-year-old female was reportedly injured on July 20, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 6, 2014, indicated that there were ongoing complaints of upper extremity pain. The physical examination demonstrated a decreased range of motion of the wrist, elbow and shoulder and a pain level of 7/10 throughout the entire upper extremity. Diagnostic imaging studies were not discussed in these notes. Previous treatment included wrist & elbow surgery, physical therapy, multiple medications and conservative measures. A request was made for topical preparations and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUNDED CREAMS/FLUR-LIDO-A ULTRAFLEX-G:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 OF 127.

**Decision rationale:** CA MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (muscle relaxant) and advise against the addition of cyclobenzaprine to other agents. Therefore, this request is not considered medically necessary.