

<b>Case Number:</b>	CM14-0039622		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 43-year-old male who reported an injury when a nail was inserted into his skull and caused him to lose consciousness. The clinical note dated 05/27/2014 is handwritten and hard to decipher, indicated diagnoses of post-traumatic left-sided hemiparesis, internal derangement of the left knee, contusion, and lumbosacral sprain/strain. The injured worker reported left leg knee pain, low back pain and left upper extremity pain. On physical examination the injured worker ambulated with a cane. The injured worker's prior treatments included surgery and medication management. The injured worker's medication regimen included Ambien, Anaprox, Norflex, topical compound cream, Norco, and Prilosec. The provider submitted a request for topical compound cream. A Request for Authorization dated 06/04/2014 was submitted for topical compound cream to reduce pain and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Topical Compound Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated that the injured worker had tried and failed antidepressants or anticonvulsants. In addition, topical analgesics are largely experimental. Moreover, there is lack of documentation of the efficacy and functional improvement with the use of the topical compound. Additionally, the request did not indicate any particular topical compound cream. Furthermore, the request did not indicate a dosage, frequency, or quantity. Therefore, the request for topical compound cream is not medically necessary.