

<b>Case Number:</b>	CM14-0040949		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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, has a subspecialty in Pain Medicine 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 injured worker is a 33-year-old female who reported an injury when he turned the steering wheel and felt a popping sensation in his right shoulder on 06/02/2012. The clinical note dated 05/02/2014 indicated diagnoses of status post left shoulder arthroscopy, right shoulder internal derangement, right wrist de Quervain's tenosynovitis and right wrist sprain/strain. The injured worker reported bilateral shoulder pain rated 7 out of 10 described as achy, sharp and stabbing that radiated to the arm and fingertips associated with numbness that occasionally radiated to his head with migraines. The injured worker reported right wrist pain was rated 6 out of 10 and described as constant, sharp and achy that radiated to the fingers with numbness, stabbing and soreness sensation. On physical examination, the shoulder range of motion was decreased. There was moderate right shoulder pain over the acromioclavicular joint. The injured worker had a right shoulder impingement sign that was positive. The injured worker's wrist range of motion was within normal limits. The injured worker had a positive Finkel's test on the right side. The injured worker's Jamar grip strength test revealed right side 20/18/18, left side 40/38/38. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Floranex, Lansoprazole, Percocet and Xanax. The provider submitted a request for topical creams, a Request For Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Topical Creams:** Upheld

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

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

**Decision rationale:** The request for Medication Topical Creams is not medically necessary. 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. Topical creams are largely experimental. In addition, it was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker had tried and failed topical creams. Moreover, the request did not indicate a specific topical cream. Additionally, the request did not indicate a dosage, frequency or quantity for the medication. Moreover, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.