

<b>Case Number:</b>	CM14-0041097		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/02/2006
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 57 year old female employee was reportedly injured on November 2, 2009. The mechanism of injury is noted as a trip and fall. Previous treatment has included lumbar spine epidural steroid injections. The most recent progress note, dated August 6, 2014, indicates that there are ongoing complaints of neck pain and lower back pain. The physical examination demonstrated full range of motion of the cervical and lumbar spine as well as the bilateral shoulders, wrists, and hips. Diagnostic imaging studies of the lumbar spine revealed a left sided paracentral disc protrusion at L3 - L4 that abuts the thecal sac as well as a grade 1 degenerative spondylolisthesis of L4 on L5. A left shoulder MRI revealed tendinosis of the supraspinatus and infraspinatus with mild posterior displacement of the humeral head in the glenoid. An MRI the right shoulder also revealed tendinosis of the supraspinatus and infraspinatus along with partial thickness interstitial tearing, acromioclavicular joint degenerative joint disease, and posterior displacement of the humeral head in the glenoid. A request had been made for a topical cream and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. The most recent progress note dated August 6, 2014, does not indicate what ingredients are requested for this topical without further information, the request for a topical cream is not medically necessary.