

<b>Case Number:</b>	CM14-0041280		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/02/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/27/2014
<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 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 64-year-old female was reportedly injured on 12/2/2008. The mechanism of injury was not listed. The claimant previously underwent bilateral carpal tunnel release and trigger finger release of the left long finger in 2013. The most recent progress note, dated 2/24/2014, indicates that there were ongoing complaints of neck pain and low back pain. Physical examination demonstrated cervical paravertebral tenderness with slight restriction of AROM (active range of motion), full hand range of motion with slightly grip strength weakness bilaterally and mild tenderness to left carpal tunnel and the long finger incisions but without triggering. No lumbar spine tenderness with slight restriction of active range of motion with pain. Neurological exam intact and deep tendon reflexes 2+ in the upper/lower extremities. No recent diagnostic imaging studies available for review. Previous treatment included lumbar epidural steroid injections, physical therapy, massage therapy, E-stim and medications. A request had been made for topical analgesic creams (unspecified) and was not certified in the utilization review on 3/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Analgesic Creams (unspecified):** 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): 111-113 of 127.

**Decision rationale:** MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. As such, this request for Topical Analgesic Creams (unspecified) is not considered medically necessary.