

<b>Case Number:</b>	CM14-0056838		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family 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 patient is a 40 year-old woman who was injured at work on 5/23/2011. The injuries were primarily to her shoulders, wrists, hands, and lower back. She is requesting review of a denial for the use of Topical A1 Cream. The medical records are included and document her ongoing care for these injuries. Physician evaluations have included a review of her symptoms, completion of a physical examination and radiographic studies. Her chronic diagnoses include: Carpal Tunnel Syndrome; Thoracic Spondylosis without Myelopathy; Lumbar Spondylosis without Myelopathy; and Myalgia/Myositis, Unspecified. She has been treated with physical therapy, acupuncture, endoscopic carpal tunnel release, and ibuprofen and was given a prescription for Topical A1 Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical A1 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 X ; Topical Analgesics, Pages 111-113 Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines comment on the use of Topical Analgesics. These guidelines indicate that topical creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not describe the components of the Topical A1 Cream and a search of the literature did not provide any information on this prescribed treatment. As the guidelines provide specific language regarding compounded agents and specific drugs (i.e. NSAIDs, Lidocaine, Capsaicin, Baclofen, Gabapentin, Ketamine, and other agents), I am unable to provide any further comment on this request. In summary, per the MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence in the medical records that the patient has neuropathic pain or has had an adequate trial of antidepressants or anticonvulsants. Therefore, Topical A1 Cream is not considered as medically necessary. Therefore, the request is not medically necessary.