

<b>Case Number:</b>	CM14-0059892		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 34-year-old female who reported an injury on 05/29/2011 reportedly, while helping a resident on the bus to break their fall and they put all their weight on her and she sustained her injury to her neck, back, and shoulder. The injured worker's treatment history included urine drug screen, medications, physical therapy, acupuncture treatment, chiropractic treatment, MRI, physical therapy, an EMG/NCV (Electromyography / Nerve Conduction Velocity). The injured worker was evaluated on 04/08/2014, and it was documented that she had pain in her shoulder, lower lumbar spine, and bilateral legs. The provider noted tenderness and discomfort in the right shoulder when she does overhead activities. Her pain was rated at 5/10 to 6/10 for her shoulder and lumbar spine was 6/10 to 7/10. She described pain in the back as burning which was diffuse. She was able to walk for an hour without difficulty. The physical examination of the cervical spine revealed tenderness at occipital insertion of the paracervical musculature. There was mild tenderness bilaterally in the trapezii. The midline base of the cervical spine was tender. Range of motion cervical flexion 40 degrees, extension 30 degrees, and right/left rotation 20 degrees with discomfort. Medications included Norco and compound medications. Diagnoses included cervical spine hyperextension, hyperflexion, calcific right shoulder tendonitis with impingement, and lumbar discopathy. Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medications dispensed on 3/14/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted failed to indicate outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical cream is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for Compound medications dispensed on 3/14/14 is not medically necessary and appropriate.