

<b>Case Number:</b>	CM14-0073416		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 New Jersey. 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 worker is a 54 year old male who was injured on 7/28/2008. He was diagnosed with a fracture of the right radius and ulna, right arm complex regional pain syndrome (reflex sympathetic dystrophy), and posttraumatic stress disorder. She was treated with topical analgesics, oral analgesics, muscle relaxants, NSAIDs, and anti-convulsants and surgeries (2008, 2009, 2011). The worker was seen by her treating physician on 5/5/14 for a follow-up. Medications were reviewed and included analgesic creme 10% topical, topical cyclobenzaprine, ibuprofen, metformin, morphine ER, morphine sulfate CR, naproxen sodium, and tramadol ER. She reported her pain level was overall at 7-8/10 on the pain scale and is improved with the use of pain medication. Her reported Oswestry score is 21. She was then recommended to continue her usual medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Analgesic Creame 10% topical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pp. 112-113 Page(s): 112-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesic medications may be considered, but are largely experimental with limited or no evidence for benefit, especially the combination products. In the case of this worker, the request was for analgesic cream 10% topical, which she had been taking previous to the request, but no evidence was found in the notes provided for review of the ingredients in this product, nor was there any evidence for any specific pain-relief or functional benefit with its use. Therefore, the analgesic cream is not medically necessary.