

<b>Case Number:</b>	CM14-0080099		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/13/2001
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Management, 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:

According to the records made available for review, this is a 73-year-old female with a 6/13/01 date of injury, and status post left shoulder surgery (date undocumented). At the time (5/14/14) of request for authorization for Banalg topical ointment refills: 2, there is documentation of subjective (symptoms stable) and objective (tenderness in the cervical paraspinal muscles and sensory intact) findings. The current diagnoses are (s/p left shoulder surgery with chronic pain, chronic neck pain with multilevel disc disease with neural foraminal narrowing and spinal stenosis), and treatment to date (activity modification, home exercise program, and medications (including Ultram)). There is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Banalg Topical Ointment Refills: 2:** 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.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of s/p left shoulder surgery with chronic pain and chronic neck pain with multilevel disc disease with neural foraminal narrowing and spinal stenosis. However, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Banalg topical ointment refills: 2 is not medically necessary.