

<b>Case Number:</b>	CM14-0208620		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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, Hospice and Palliative Care 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:

This is a 43 y/o Male who had industrial injury on 2/24/14 related to a fall. He had obtained xrays, acupuncture, chiropractic care, and medications. Examination on 11/3/14 demonstrated multiple myofascial trigger points and decreased sensation to light touch in multiple areas. The injured worker is tolerating Tylenol and Tramadol. On 12/5/14 a non certification recommendation was made for a request of Analgesic ointment balm. The rationale for the denial was due to lack of ingredients being listed in the medicine and the patients tolerance to oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Analgesic ointment balm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=100127](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=100127)

**Decision rationale:** Regarding request for an analgesic ointment balm, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. In addition there is no indication for the length of time this medication will be used, the physician states to wean off tramadol but does not give a specific time frame. In the absence of clarity regarding those issues, the currently requested topical compound is not medically necessary.