

<b>Case Number:</b>	CM15-0002087		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/04/2004
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52-year-old female reported a work-related injury due to cumulative trauma on 6/4/2004. According to the progress report from the treating provider dated 6/5/2014, the injured worker reports persistent chronic pain in the cervical spine that radiates to both shoulders. She also has neck and shoulder pain radiating to the entire right upper extremity, which is greatest around the elbow. The diagnoses include bilateral shoulder impingement, probable subacromial scar and osteophytes, cervical sprain/strain and possible entrapment of the posterior interosseous nerve of both forearms. Previous treatments were not listed. The treating provider requests compound creams. The Utilization Review on 12/5/2014 non-certified the request for compound creams, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Creams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

**Decision rationale:** MTUS states: "Recommended as an option as indicated below. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Failure of a trial of first-line medications for neuropathic pain such as oral antidepressants or anticonvulsants is not documented. A rationale which would support the use of topical medications or specific ingredients of proposed compounded creams is not documented. Based upon the submitted information and MTUS recommendations, medical necessity is not established for the requested compounded topical creams.