

<b>Case Number:</b>	CM15-0102647		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old woman sustained an industrial injury on 12/24/2003. The mechanism of injury is not detailed. Diagnoses include status post lumbosacral surgery, bilateral hip trochanteric bursitis, and coccygodynia. Treatment has included oral medications and self-guided exercise program at a gym. Physician notes dated 5/6/2015 show complaints of lumbar spine pain with a recent flare up. Recommendations include continue self-guided exercise program, Zanaflex, Neurontin, Tylenol #3, Dulcolax, Lactulose, MMC cream, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mineral Moisture Complex cream:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 491.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Mineral Moisture Complex Cream. The treating physician report dated 5/6/15 (41B),

provides no rationale for the current request. Mineral Moisture Complex cream is a topical emollient. Topical emollients are used to treat or prevent dry skin. The Utilization review denied the request while citing the MTUS guidelines regarding topical analgesics. ACOEM Guidelines has the following regarding evidence-based medicine on page 491, "Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." The MTUS, ODG, ACOEM, and AETNA guidelines do not provide any discussion regarding the application of topical emollients to treat any medical condition. Furthermore, the current request does not specify an exact quantity of MMC cream to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.