

<b>Case Number:</b>	CM15-0144998		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 34 year old male, who sustained an industrial injury on 2-7-12. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral shoulder pain-strain; left elbow strain-sprain; bilateral knee pain, bilateral ankle sprain-strain; left flank pain-burn scar. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG NCV study bilateral upper extremities (10-24-13; 5-14-14; 1-15-15); MRI of the left and then the right knee (8-29-14); MRI left elbow (4-24-15) Computerized ROM and Muscle Test 7-15-15). Currently, the PR-2 notes dated 6-18-15 are hand written. The notes indicated the injured worker complains of bilateral knee pain the right knee is rated as 3 over 10 and the left 2 over 10. He had "CI" to the bilateral knee 2 weeks ago that helped mildly. Pain increases with mopping and lying prolonged. The pain is increased to 7 over 10 with mopping. He complains of left elbow pain increasing rating it 5 out of 10 with lifting his 2-year-old daughter. A MRI was positive for osteoarthritis of the olecranon fossa. He uses topical cream for this. The left hand pain near the "LRF" volarly has pain with gripping and grasping. He is awaiting a re-read of his MRI and orthopedic consultation regarding a mass. The left shoulder pain is rated at 2-5 over 10 intermittently. A MRI of the left shoulder was positive for AC osteoarthritis and rotator cuff tendinosis and will be referred to an orthopedic specialty for this as well. An EMG NCV study of the upper extremities reported 5-14-14 demonstrated right medial neuropathy and left ulnar neuropathy. EMG NC Study dated 1-15-15 findings documented all nerve condition studies were within normal limits. All F wave latencies were within normal

limits. The EMG portion of the examination was found to be within normal limits. The provider is requesting authorization of FLA cream 240 gm with one (1) refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FLA cream 240 gm with one (1) refill:** 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): 111-113.

**Decision rationale:** As per MTUS chronic pain guidelines, topical analgesics are considered experimental with little evidence to support safety or efficacy. It is not clear what is being requested. "FLA cream" is a compounded product. There is no specific definition of "FLA cream" as it is not a standardized product as it is not FDA approved and several different pharmacies use different products in the cream. The provider has failed to specify what cream is being requested and under what concentration. This in combination of MTUS guidelines recommending against the vast majority of topical compounded products do not support request for "FLA cream" with refill. This request is not medically necessary.