

<b>Case Number:</b>	CM15-0184268		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, New York, California  
 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:

The applicant is a represented 65-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 21, 2013. In a Utilization Review report dated September 1, 2015, the claims administrator partially approved a request for a topical compounded agent. The claims administrator referenced an August 19, 2015 office visit and an associated RFA form of the same date in its determination. On said August 19, 2015 office visit, the applicant reported ongoing complaints of shoulder pain. Additional physical therapy was sought. The applicant was not working, it was acknowledged. A topical-compounded agent was endorsed. The ingredients in the same were not, however, furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream 120gm tube with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for an unspecified topical compounded agent was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines topical analgesics, as a class, are deemed "largely experimental." Here, the attending provider failed to furnish a clear or compelling rationale for selection of the topical compounded agent in question in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, it did not appear that the attending provider was particularly knowledgeable insofar as this compounded agent was concerned. The components and/or make up of said compound were not furnished. Therefore, the request was not medically necessary.