

<b>Case Number:</b>	CM15-0192616		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 57-year-old who has filed a claim for thumb, shoulder, and low back pain reportedly associated with an industrial injury of October 24, 2014. In a Utilization Review report dated September 20, 2015, the claims administrator failed to approve a request for Traumeel cream. The claims administrator referenced an August 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant reported ongoing complaints of shoulder pain. Acupuncture, a TENS unit, and Norco were endorsed. The applicant was given a rather proscriptive 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. No explicit mention of the need for the Traumeel cream transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Traumeel cream OTC apply to affected area 4 times a day as needed pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines,

3rd ed., Chronic Pain, pg. 926, and on the Non-MTUS <http://www.cvs.com/shop/health-medicine/pain-fever/joint-muscle-pain-relief/traumeel-pain-relief-ointment-skuid-246848>, [www.traumeel.us](http://www.traumeel.us), [www.HeelUSA.com](http://www.HeelUSA.com).

**Decision rationale:** No, the request for a Traumeel over-the-counter cream was not medically necessary, medically appropriate, or indicated here. Traumeel, per the product description, is a natural or homeopathic medication. The MTUS does not address the topic of homeopathic medications, dietary supplements, and leg pain. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that alternate treatments to include the homeopathic Traumeel cream in question are "not recommended" in the chronic pain context as there is "no evidence of their efficacy." Here, the attending provider failed to furnish a clear or compelling rationale to support usage such an agent in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.