

<b>Case Number:</b>	CM15-0023050		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: California, Arizona

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:

The injured worker is a 50-year-old female who reported an injury on 09/09/2011. The mechanism of injury occurred when she was bumped by a coworker and fell backwards. Her relevant diagnoses include status post left wrist surgery. Her past treatments include medication, surgery, and physical therapy. On 01/08/2015, the injured worker complained of left wrist pain rated 2/10 to 6/10. The injured worker indicated that ice and Agewell cream have both alleviated the pain. The physical examination revealed left wrist was grossly neurovascularly intact with mild impingement signs in extension, flexion, supination, and pronation. Her relevant medications were noted to include Agewell cream. The treatment plan included a prescription for Agewell cream as it benefits the injured worker rather than oral pills. A Request for Authorization was submitted on 01/19/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Agewell compound cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** The request for Agewell compound cream is not medically necessary. According to the California MTUS Guidelines, topical analgesics are 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 injured worker had a trial of Agewell cream which indicated to have benefitted her. However, there was lack of documentation in regard to objective functional improvement and an objective decrease in pain from the cream use. In addition, the request failed to indicate the compound formulation. In addition, there was also lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.