

<b>Case Number:</b>	CM15-0027745		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: 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 (IW) is a 67-year-old female who sustained an industrial injury on 06/22/2003. Diagnoses include complex regional pain syndrome (lumbosacral spine), chronic pain syndrome and de Quervain's, foot pain. Treatment to date has included medications, epidural injections, home exercise, podiatry care, and pool therapy. Diagnostics performed to date included x-rays, MRIs, electrodiagnostic testing. According to the progress notes dated 1/9/15, the IW reported lower back and leg/foot pain rated 8-9/10. The requested treatment, "pain creme", was written by other than the primary treating physician, but was included in the plan of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescriptions of pain creme:** 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 analgesic Page(s): 111-113.

**Decision rationale:** This patient has a date of injury of 06/22/03 and presents with low back pain and leg and foot pain. The Request for Authorization is dated 01/16/15. The current request is for unknown prescriptions of pain creme. For topical agents, the MTUS Guidelines page 111 states, "Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The progress reports and Request for Authorization do not specify what ingredients are in this requested pain creme. Recommendation cannot be made on a topical cream without knowing its components. Furthermore, MTUS states that topical analgesic care is largely experimental. This request IS NOT medically necessary.