

<b>Case Number:</b>	CM15-0047318		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/06/2002
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63-year-old female who sustained a work related injury November 6, 2002, while performing repetitive work duties. According to a primary treating physician's progress report, dated January 29, 2015, the injured worker presented with frequent right shoulder pain described as sore and aching, rated 4-5/10; intermittent pain of wrist bilateral, right greater than left, described as aching, rated 3/10; intermittent neck pain, right greater than left described as dull; and constant lower back pain, described as sharp and aching, rated 7/10. Her pain is reduced with rest, activity modification, and heat. She is undergoing physiotherapy and has been receiving topical creams and currently taking Tramadol ER, which she finds helpful for pain. Diagnoses included lumbar strain with radiculitis rule out lumbar spine discogenic disease; cervical spine disc disease; right shoulder impingement; s/p bilateral carpal tunnel release; right Duputen release. Treatment plan includes request for authorization for pain management consultation and course of medications and transdermal analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Analgesic topical cream:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is a limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. Furthermore, oral form of these medications was not attempted, and there is no documentation of functional improvement with their previous use. Based on the above, the request for analgesic topical cream is not medically necessary.