

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0000163 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 03/10/2011 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 12/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 58-year-old male who was injured on March 10, 2011. The clinical progress note from November 12, 2013 documents the claimant has undergone years of conservative care including physical therapy, home exercises, trigger point injections, and medications. The examination documents diffuse tenderness about the cervical spine with range of motion. The clinician does not document a diminished sensation to the upper extremities. Diagnoses included thoracic strain/sprain, grasp radiculopathy, cost of vertebral osteoarthritis, cervical mechanical pain, and shoulder sprain/strain. The utilization review in question was rendered on December 10, 2013. The previous request was noncertified, citing the California Medical Treatment Utilization Schedule guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND CYCLOGABA CREAM 10%/10% CREAM, 30GMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The California Medical Treatment Utilization Schedule (CAMTUS) specifically recommends against the topical use of Gabapentin and Cyclobenzaprine. As such, the requested topical compound is considered not medically necessary.