

<b>Case Number:</b>	CM14-0089582		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Internal Medicine, 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 patient is a 42-year-old female who was injured on 03/02/2009. The mechanism of injury is unknown. Prior treatment history has included physical therapy, which did not improve her function. Progress report dated 03/28/2014 states the patient complained of left shoulder pain. The patient uses Dendracin Cream, Omeprazole, Naprosyn, Hydrocodone, and Tizanidine. She reported numbness and tingling down her left arm and left leg. She rated her pain as 10/10. On exam, range of motion of the cervical spine is limited but end range is soft. There is tenderness to palpation of bilaterally in all planes. There is tenderness to palpation of the left neck below mastoid process with claimed radiation to jaw and arm. The patient is diagnosed with cervicalgia, and myofascial pain, chronic pain syndrome, myalgia and myositis. The patient was prescribed neuropathic compound medication cream. Prior utilization review dated 05/14/2014 states the request for compound cream is denied, as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream:** 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:** The guidelines state Topical Analgesics are largely experimental but may be used in neuropathic pain when trials of first line medications have failed. The guidelines state that any compounded medication, which contains at least one non-recommended medication, renders the entire medication to be not recommended. The request does not state which the specific compounded product is. It is unknown what ingredients are in the compounded product. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.