

<b>Case Number:</b>	CM15-0000100		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/25/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 43 year old female who sustained an industrial injury on 3/25/12. The injured worker reported symptoms in the right shoulder and hand. The diagnoses included radiculopathy. Treatments to date have included work conditioning, activity restrictions, and oral medications. PR2 dated 11/4/14 noted the injured worker presents with "burning pain radiating to the hand and also numbness and weakened grip strength to the right hand" the treating physician is requesting Compound Cream for neuropathic pain. On 12/3/14 Utilization Review non-certified a request for Compound Cream. The California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine Guidelines, and Official Disability Guide was cited.

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 111-112.

**Decision rationale:** This worker has chronic upper extremity pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit of 11/14 fails to document goals for improvement in pain, functional status or a discussion of side effects to justify use of a compounded product. The medical necessity of a compound cream is not supported in the records.