

<b>Case Number:</b>	CM15-0100296		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 67 year old male, who sustained an industrial injury on 10/20/2004. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy and left rotator cuff tear. Cervical magnetic resonance imaging showed cord compression, per the progress notes. Treatment to date has included medication management. In a progress note dated 4/6/2015, the injured worker complains of neck pain that radiates to the bilateral upper extremities and low back pain that radiates to the bilateral lower extremities. The treating physician is requesting pain cream 101 #240 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Cream 101, quantity 240gm:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the claimant was on pain cream along without specific of application location and frequency. Specific ingredients of the medication were not specified .Topical analgesics are not indicated for back injuries and shoulder pain. The topical pain cream is not medically necessary.