

Case Number:	CM15-0114169		
Date Assigned:	06/22/2015	Date of Injury:	06/12/1978
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69 year old male with a June 12, 1978 date of injury. A progress note dated May 26, 2015 documents subjective complaints (cervical and shoulder pain; frequent pain, soreness, stiffness, muscle spasms, and shooting pain of the cervical and shoulder area; occasional loss of strength of the cervical and shoulder area; occasional numbness and tingling of the cervical and shoulder area; stress; sleeplessness; pain rated at a level of 4/10), objective findings (tenderness upon palpation; tenderness, muscle spasms, and trigger points), and current diagnoses (cervical and shoulder pain). Treatments to date have included acupuncture, a transcutaneous electrical nerve stimulator unit, and medications. The treating physician documented a plan of care that included one container of compound analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of compound analgesic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 75, 78, 124.

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

Decision rationale: Regarding the request for compound analgesic cream, California MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, the specific ingredients of the cream are not documented; therefore, specific guidelines cannot be applied. In the absence of clarity regarding the above issues, the requested compound analgesic cream is not medically necessary.