

<b>Case Number:</b>	CM15-0068572		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old female, who sustained an industrial/work injury on 4/12/13. She reported initial complaints of knee, shoulder, arm, and back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy. Treatment to date has included medication, diagnostics, and physical therapy. MRI results were reported on 8/2013. Currently, the injured worker complains of low back and left leg pain. Per the primary physician's progress report (PR-2) on 2/16/15, the examination noted spasms, reduced range of motion and reduced sensation in the left leg. Straight leg raise was positive. Current plan of care included topical application of a muscle relaxant and pain relieving topical creme. The requested treatments include Pain Creme (unspecified medication/ dosage/quantity).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Creme (unspecified medication/ dosage/quantity): 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical pain cream is not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Pain Creme (unspecified medication/ dosage/quantity) is not medically necessary