

Case Number:	CM15-0094756		
Date Assigned:	05/20/2015	Date of Injury:	06/17/2010
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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 39 year old female, who sustained an industrial injury on 06/17/2010. She reported the development of right hand carpal tunnel syndrome secondary to work activities. The injured worker was diagnosed as having complex regional pain syndrome type II to the upper limb, carpal tunnel syndrome, unspecified myalgia and myositis, migraine, encounter for therapeutic drug monitoring, and long term current use of the other medications. Treatment and diagnostic studies to date has included trigger point injections, medication regimen, Botox injections, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated 04/16/2015 the treating physician reports that the injured worker's pain has increased and spread to the mid back along with an increase in pain to the arm. Examination reveals decreased range of motion in the right lower extremity and cervical spine. The injured worker has positive trigger points on palpation of the paracervical ligaments, levator scapulae and mid-trapezius muscles bilaterally and also to the bilateral iliolumbar ligaments and paralumbar muscles. The treating physician also noted diminished sensation to the right lower extremity at cervical one through thoracic one to touch and pinprick. The injured worker's level of pain over the last month was rated a 7 out of 10 with medications and a 10 out of 10 without medications. The treating physician noted current the medication regimen to include Topamax, Tylenol #3, and Skelaxin, noting that the pain is not controlled with Tylenol #3 and Skelaxin. However, the treating physician also noted that the pain medications allow the injured worker to perform activities of daily living and allows her to perform chores. The treating physician requested a topical

compound cream, but the documentation did not indicate the specific ingredients in this compound cream or the specific reason for the requested compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream: 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.

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. There are no controlled studies supporting that all components of a topical treatment are effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, the request for a Topical compound cream is not medically necessary.