

Case Number:	CM13-0028592		
Date Assigned:	02/20/2014	Date of Injury:	09/03/2009
Decision Date:	04/22/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year old man with a date of injury of 9/3/08. He was seen by his primary treating physician on 7/31/13 after left shoulder rotator cuff repair and left carpal tunnel release. He complained of left shoulder, elbow and wrist/hand pain. His exam was deferred. His diagnoses included status post left shoulder, elbow and wrist/hand surgery. The treatment plan was for naproxen, compounded topical medications, glucosamine and somicin. At issue in this review is the prescription for the compounded topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD: GABAPENTIN, CYCLOBENZAPRINE, TRAMADOL, LIPODERM
QUANTITY 180 GRAMS FOR 20 DAY SUPPLY: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): s 111-113.

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

Decision rationale: The Expert Reviewer's decision rationale: Per the MTUS, 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. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This injured worker has chronic shoulder, elbow and wrist/hand pain. The medical records do not support medical necessity for the prescription of this topical compounded cream in this injured worker.