

<b>Case Number:</b>	CM13-0032630		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/19/1999
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 patient is a 55-year-old male who reported an injury on 08/19/1999. The mechanism of injury was not provided. Per the most recent documentation, the patient could forward flex to within one (1) finger breadth of chin-to-chest with extension of 10 degrees and lateral rotation of 60 degrees bilaterally. Strength in the upper extremities was globally intact and the patient noted functional improvement and pain relief with Norco and Soma. The patient's diagnoses were status post anterior cervical discectomy and fusion, C5-6 with residuals in cervical spondylosis. The request was made for P3 topical compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Prescription of P3 topical compound #120 between 8/29/2013 and 11/22/2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also,

that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Clinical documentation submitted for review failed to indicate that the medication in the P3 topical compound. As such, guidelines specific to each medication could not be applied. There was lack of documentation indicating that the patient had neuropathic pain and those trials of antidepressants and anticonvulsants had failed. Given the above, the request is not medically necessary.