

<b>Case Number:</b>	CM13-0063955		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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:

This 47 year-old female claims adjuster/ case worker sustained an overuse injury to her upper extremities on 9/12/11 while employed by [REDACTED]. Request under consideration include Dermatran Compounded Cream. Conservative care has included medications, massage therapy, acupuncture, braces, trigger point injections, and recent cervical epidural injection with temporary relief of one week. Report of 9/5/13 from neurology provider noted patient has treated with various providers for hand complaints of pain and numbness. It was noted the patient had orthopedic evaluation who felt she had diagnoses of right wrist tenosynovitis, improving; C6 neuritis/radiculitis; carpal tunnel syndrome with normal nerve studies; and thoracic outlet symptoms. Report of 10/29/13 from the provider noted ongoing bilateral arm and hand pain. Exam was unchanged with tenderness and decreased grip strength; otherwise with normal range and neurological exam for diagnoses of arthritis of hand; cervical radiculitis; chronic fatigue; carpal tunnel syndrome; muscle spasm (wrist and hand pain). The request for Dermatran compounded cream was non-certified on 11/19/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DERMATRAN COMPOUNDED CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS , 2009, Topical Analgesics, Page 111-113

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

**Decision rationale:** This 47 year-old female claims adjuster/ case worker sustained an overuse injury to her upper extremities on 9/12/11 while employed by [REDACTED]. Request under consideration include Dermatran Compounded Cream. Conservative care has included medications, massage therapy, acupuncture, braces, trigger point injections, and recent cervical epidural injection with temporary relief of one week. Report of 9/5/13 from neurology provider noted patient has treated with various providers for hand complaints of pain and numbness. It was noted the patient had orthopedic evaluation who felt she had diagnoses of right wrist tenosynovitis, improving; C6 neuritis/radiculitis; carpal tunnel syndrome with normal nerve studies; and thoracic outlet symptoms. Report of 10/29/13 from the provider noted ongoing bilateral arm and hand pain. Exam was unchanged with tenderness and decreased grip strength; otherwise with normal range and neurological exam for diagnoses of arthritis of hand; cervical radiculitis; chronic fatigue; carpal tunnel syndrome; muscle spasm (wrist and hand pain). Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Dermatran is listed as a compounding pharmaceutical company. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic and treatment already rendered has not resulted in any documented functional improvement to support for this topical compound analgesic outside the guidelines' criteria. The Dermatran Compounded Cream is not medically necessary and appropriate.