

Case Number:	CM14-0015237		
Date Assigned:	04/09/2014	Date of Injury:	08/25/2003
Decision Date:	05/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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:

According to report dated 12/06/2013 by [REDACTED], the patient presents with an increase in her neck pain due to the cold weather. She is scheduled for an epidural injection this afternoon which will hopefully help control her pain level which is currently a 7-9/10. The patient's medication regimen includes Motrin, Soma, Ultram, Lyrica, and Percocet. The patient reports that pain is significantly severely interfering with family relationship, work concentration, mood, sleep patterns, and overall functioning. Objective findings include long well-healed midline posterior upper cervical surgical scar. There is diffuse moderate paraspinal cervical tenderness that extends across bilateral trapezius, mild tenderness to palpation, and palpable tightness across bilateral shoulders extending to bilateral upper arms. Cervical spine range of motion is restricted due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND PAIN CREAM: FLURBIPROFEN 10%, KETAMINE 10%,
CYCLOBENZAPRINE 1%, GABAPENTIN 6%, LIDOCAINE 2%, PRILOCAINE 2%
WITH FIVE (5) REFILLS: 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 Creams Page(s): 111.

Decision rationale: This patient presents with chronic neck pain. The treating physician is requesting a compound topical cream that includes Flurbiprofen, Ketamine, Cyclobenzaprine, Gabapentin, lidocaine, and prilocaine. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Gabapentin is not recommended as a topical formulation. The request is not medically necessary.