

<b>Case Number:</b>	CM14-0118048		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Internal Medicine 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:

The patient is a 45 year old female who was injured on 03/12/2012. The mechanism of injury is unknown. Prior treatment history has included epidural injection on 03/03/2014. Diagnostic studies reviewed include EMG/NCV of the upper extremities dated 01/28/2014 revealed a normal EMG without evidence of radiculopathy. Progress report dated 05/28/2014 documented the patient presented for complaints of right wrist pain, 5/10 with numbness and tingling. He reported the pain is aggravated by activities of daily living. On exam, he has positive Tinel's and Phalen's bilaterally. He is diagnosed with bilateral carpal tunnel syndrome. He has been prescribed topical analgesics-Gabapentin 30gm/Flurbiprofen 30 gm, cyclobenzaprine, omeprazole, and tramadol as per RFA dated 05/28/2014. Prior utilization review dated 06/26/2014 states the request for Topical Compound cream Medication- (Unspecified Type, Qty) is denied any compounded product that contains at least one drug or drug class that is not recommended is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound cream Medication- (Unspecified Type, Qty): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain Section- Medication Compound Cream Subsection

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

**Decision rationale:** The guidelines recommend topical analgesics mainly for neuropathic pain after a trial of antidepressants or anticonvulsants. The guidelines state that any compounded medication which contains at least 1 non-recommended medication renders the entire medication as not recommended. The request is for an unknown compounded medication. The documents did not provide a clear discussion of the medication along with components. Based on the lack of clarity regarding the request as well as the clinical documentation stated above, the request is not medically necessary.