

<b>Case Number:</b>	CM14-0119843		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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, 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 injured worker is a 56-year-old female who reported an injury on 02/11/2010 who reportedly was assisting another employee, who was pushing a breakfast cart, by pulling in from the left side and the breakfast cart ran over the right middle toe. The injured worker's treatment history included MRI studies, EMG studies, medications, and surgery. The injured worker was evaluated on 06/13/2014, and it was documented that the injured worker had some pain at the proximal half of the scar over the tarsal tunnel, the scar was thicker in the area. The injured worker was authorized for postoperative physical therapy. The provided noted the incisions had healed and there was no sign of nerve entrapment, keloids, or hypertrophic scarring. Diagnoses included status post multilevel nerve decompression neurectomy/neurolysis. Request for Authorization dated 06/13/2014 was for compounded scar cream. However, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Scar Cream: Tamoxifen 0.1%, Tranilast 1%, Caffeine 0.1%, Lipoic Acid 0.5%, Topical gel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines).

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

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Additionally, the request lacked duration, frequency and location where topical cream is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for compound scar cream: Tamoxifen 0.1%, Tranilast 1%, Caffeine 0.1%, Lipoic Acid 0.5%, and Topical Gel is not medically necessary.