

<b>Case Number:</b>	CM14-0127041		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiologist and Pain Medicine 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 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 49-year-old male who reported injury on 03/02/2012 due to while filling a propane tank got his left hand caught resulting in first and second degree freezer burns. The injured worker has diagnoses of left radial sensory nerve injury and left De Quervain's. The injured worker has undergone treatment which includes physical therapy, acupuncture, occupational therapy, splints, home exercise program, stellate ganglion blocks, and medication therapy. Medications include short acting pain medications such as Ultracet, muscle relaxants, nonsteroidal anti-inflammatories, and topical treatments. The documentation does not specify what medications, dosage, frequency or duration. Diagnostics include an EMG/NCV study that was done on the injured worker's left upper extremity. The injured worker complained of weakness but stated there was 50% improvement in pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 06/11/2014 revealed the injured worker was positive for tenderness to palpation at the radial nerve. He also demonstrated left weakness. The examination also revealed that with increased range of motion, the injured worker had decreased pain. The treatment plan is for the injured worker to continue the use of diclofenac 3%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, tetracaine 2% compound cream. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream ( diclofenac 3%, bclofen 2%, cyclobenzaprine 2%, gabapentin 6%, tetracaine 2%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain; Topical analgesics; Topical Salicylate Page(s): 105, & 111 -113.

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

**Decision rationale:** The request for Compound Cream (diclofenac 3%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, and tetracaine 2%) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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. 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 is not recommended. Cyclobenzaprine 2% is a muscle relaxant for which there is no evidence for use as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Given the above, the injured worker is not within the MTUS Guidelines. Furthermore, in the submitted report, there was no documentation as to whether cream would be applied and the amount. There was also a lack of evidence of range of motion, strength and/or effectiveness of the current medication the injured worker was taking. There were no physical findings in regard to the injured worker's risks. The submitted request for a compound per MTUS Guidelines is not recommended. As such, the request for diclofenac 3%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, and tetracaine 2% is not medically necessary.