

<b>Case Number:</b>	CM14-0129541		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 63 year old female presenting with chronic pain following a work related injury. The pain involve the left side, neck, left shoulder, left elbow radiating to the ulnar side of the hand, numbness and burning pain in the ulnar side of left hand. Also reports pain in low back without sciatic pain radiation. The pain worsens with heavy lifting and prolonged standing. The pain is relieved with rest. The physical exam showed mild difficulty getting up and down, moderate pain with resisted flexion and/or pronation, tender on the left strap, left shoulder, with resisted shoulder abduction and flexion, limited range of motion, tender parathoracic and lumbar. A claim was placed for compounding cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kokua cream containing Diclofenac 3% baclofen 2% cyclobenzaprine 2% Tetracine 2% apply 1-2 pumps 4 x saily to affected area: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Tetracaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. Diclofenac is a topical NSAID and is not recommended for pain involving the hip, shoulder or spine; therefore, the request for Kokua cream containing Diclofenac 3% baclofen 2% cyclobenzaprine 2% Tetracaine 2% apply 1-2 pumps 4 x daily to affected area is not medically necessary.