

<b>Case Number:</b>	CM14-0135972		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Family Practice and is licensed to practice in Texas. 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 36 year old male who reported an injury on 11/10/2008. The mechanism of injury occurred while the injured worker was shaking out a cable and bent over injuring his lower back. His diagnoses included lumbar radiculopathy, chronic low back pain, lumbar fusion from L3 to S1, and depression/anxiety associated with chronic pain. His past treatments included transcutaneous electrical nerve stimulation, physical therapy, functional restoration programs, medication and surgery. The injured workers' diagnostic exams included an MRI, X-ray and CT scan of the lumbar spine. On 06/10/2014 he complained of chronic low back pain with radiation into both lower extremities, pain that was aggravated by prolonged standing, sitting, bending, or lifting. Additionally, the injured worker rated his pain 7/10 and with the use of Percocet his pain was reduced by 75%. He also reported that the compound cream that he was prescribed provided minimal pain relief. The name of the compound cream was not indicated in the clinical notes. The physical exam revealed slowed gait, decreased range of motion to the lumbar spine, moderate tenderness to palpation to the lumbar paraspinal muscles, moderate tenderness to the gluteal muscles, and decreased pinprick sensation. The treatment plan consisted of Sombra Cream #1, increased fiber use to alleviate the symptoms of chronic opioid use, and the continuation of Percocet, Zanaflex, Cymbalta, and Xanax. The rationale for the request was to provide additional pain relief and help minimize oral medications. The Request for Authorization form was not submitted

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Sombra Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics.

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

**Decision rationale:** The California/MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are 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. The active ingredients of Sombra include Menthol and Camphor. The clinical documentation indicated a diagnosis of lumbar radiculopathy with neuropathic pain. This is an indication for the use of topical analgesics, however the rationale for the request is to minimize oral medication use and provide additional pain relief. There is no indication of failed trials of anticonvulsants and antidepressants to support the use of Sombra. The clinical notes indicate that the injured worker continues to use Percocet, Cymbalta, Xanax and Zanaflex with no decrease in dosage. In addition, there does not appear to be significant pain relief or functional improvements with the use of Sombra. Therefore, due to the absence of documentation indicating decreased oral pain medication and the absence of documentation that the injured worker failed trials of antidepressants and anticonvulsants, the request for Sombra Cream #1 is not medically necessary.