

Case Number:	CM14-0173652		
Date Assigned:	10/24/2014	Date of Injury:	06/30/2008
Decision Date:	12/03/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

This 53-year old administrative clerk reported a cumulative trauma injury to her neck, shoulders, upper back, right arm, both wrists and both hands as a result of keyboard, mouse and telephone use. Date of injury was 6/30/08. She had a previous neck injury in 4/93 as a result of falling out of a van and jarring her neck. She had surgery of the cervical spine in 3/94 and returned to work in 6/94. Treatment has included approximately 24 epidural steroid injections and multiple trigger point and Botox injections. The patient continues to work with restrictions. A 9/24/14 follow-up report from the primary physician's office, signed by a physicians' assistant, states that the patient continues to have chronic neck pain, currently not well controlled by her medications. Exam findings include a well-healed cervical scar, spasm and tenderness of the neck, and decreased range of motion of the neck. Diagnoses include carpal tunnel syndrome, neck sprain/strain, and brachial neuritis not otherwise specified. Treatment plan includes increasing her medications (which medicines increased by how much not specified) and provision of a topical cream for local relief and to reduce the patient's intake of oral medications. There is no request for authorization of the topical cream in the records. The topical cream was non-certified in UR on 10/8/14. The request for IMR in response to this non-certification lists the disputed item as "topical cream, (unspecified)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical analgesics Page(s): 60; 111-113.

Decision rationale: It is not really possible to determine medical necessity for an unspecified topical cream, and that fact alone is sufficient to make a determination that the cream in question is not medically necessary. In addition, one of the documented reasons for supplying the cream is to decrease the patient's medication use, which is accompanied by a simultaneous plan to increase the patient's medications. This would also be reason for determining that the cream is not medically necessary. However, it can probably be assumed that the cream in question is a typical compounded cream containing two or more of the medications usually included in such creams. The statements below assume this to be the case. The first reference cited above states that medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. The second guideline states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended as an option in patients who have not responded to or are intolerant to other treatments. There is no evidence supporting formulations which contain over 0.025% capsaicin. It has been shown to have some efficacy in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Lidocaine is indicated for localized neuropathic pain if there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Only FDA-approved products are indicated, and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical lidocaine is not indicated for non-neuropathic pain. Topical NSAIDs: may be recommended, but only for short-term use (4-12 weeks) for osteoarthritis of the knee, elbow and other joints, excluding osteoarthritis of the spine, hip or shoulder. They are not recommended for neuropathic pain, as there is no evidence to support their use. Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for arthritis of the spine, hip or shoulder. No more than 8 grams per day should be used in the upper extremity or 16 grams in the lower extremity. Even topically, it is capable of causing GI, cardiac and renal side effects. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Since the ingredients in the cream that was provided are not specified, it is not possible to address whether or not the clinical findings in this case support the use of any of the above topical medications. Based on the lack of clinical findings and documentation provided for my review and on the guidelines cited above, an unspecified topical cream is not medically necessary. It is not necessary because the

provider has not listed any of the components of the cream, because one of the rationales used for providing the cream was accompanied by an action that made the rationale inapplicable, because such creams usually contain several medications which are started at the same time, and because such creams usually contain one or more medications which is or are not recommended by MTUS.