

Case Number:	CM14-0177845		
Date Assigned:	10/31/2014	Date of Injury:	11/11/1996
Decision Date:	12/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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:

The patient is a 63-year-old female who has submitted a claim for bilateral upper extremity pain, bilateral carpal tunnel syndrome, and pain-related insomnia associated with an industrial injury date of 11/11/1996. Medical records from 2014 were reviewed. The patient complained of pain at her wrists, fingers, forearms, elbows, and shoulders. She complained of neck pain radiating to both hands. The pain was rated 10/10 in severity, and was relieved to 7/10 with medications. Aggravating factors included twisting, lifting, and pushing objects. Physical examination showed no neurosensory deficits in either upper extremity. Treatment to date has included medications such as Norco, Ibuprofen, Cymbalta, Topamax, and Flexeril. The utilization review from 9/26/2014 denied the request for compound cream, 360gm x 4 refills because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Pain Cream: Diclofenac 5 %, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1% #360gm with 4 refills: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication is nonspecific, in that neither the name nor content of the compound was stated. It is important to note that guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. The request is incomplete; therefore, the request for Compound Pain Cream: Diclofenac 5 %, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1% #360gm with 4 refills is not medically necessary.