

<b>Case Number:</b>	CM14-0024166		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 59-year-old female who reported an injury on 06/19/2012 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 03/21/2014, the injured worker complained primarily of pain in her left wrist and thumb. It was also noted that the injured worker complained of left upper back pain and parascapular pain related to shoulder movement. It was annotated that the injured worker's pain level status was 7/10 with worsening by arm movements such as stretching or trying to exercise. Prior treatments included physical therapy, heat and ice, and pain medications. The diagnostic studies included nerve studies and MRI scans. The physical examination of the cervical spine revealed palpable cervical paraspinal muscle spasm with myofascial trigger points, twitch response, and referral pattern. The physical examination of the left shoulder revealed pain with range of motion in the parascapular region and pain with deep palpation in the parascapular and subscapular regions. The physical examination of the wrist revealed a healed carpal tunnel surgery scar on the left wrist and positive Phalen's and Tinel's tests. The physical examination of the lumbar spine revealed a normal gait and palpable lumbar paraspinal muscle spasms with myofascial trigger points, twitch response, and referral pattern. It was noted that sensation was diminished in the bilateral palms. The injured worker's medication regimen included Metformin, Lisinopril, and Naproxen. The diagnosis included bilateral carpal tunnel syndrome status post repair on left and continued symptoms on the right; left posterior shoulder pain and parascapular pain consistent with scapulothoracic bursitis; and myospasm and myofascial trigger points in the cervical, thoracic, and lumbosacral regions. The treatment plan included the continuation of anti-inflammatory medications to treat pain; if pain persisted in the left upper back, a consideration of scapulothoracic bursa injection with ultrasound guidance; if flare-up of painful symptoms of right carpal tunnel syndrome, a consideration for further treatment beyond splints, which would

include an ultrasound-guided median nerve block; continuation of a home exercise program to advance as tolerated; and a follow-up with the primary treating physician. The treatment plan also included administering and educating the injured worker on the use of transdermal compounded cream medication to provide targeted pain relief and treatment with reduced side effects associated with oral medications. A 30 day supply of compounded cream medication was prescribed, which consisted of 25% Ketoprofen and 25% Flurbiprofen and it would be administered in the office. This was to be considered a formal request for authorization.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound Cream:** Upheld

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

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

**Decision rationale:** The request for compound cream is non-certified. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control 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 1 drug (or drug class) that is not recommended is not recommended. In the clinical notes provided for review, there is a lack of documentation of the injured worker trying antidepressants and/or anticonvulsants. Furthermore, the request lacked the frequency, location, and list of ingredients. As such, the guidelines do not recommend any compounded product that contains drug or drug class that is not recommended. Therefore, the request for compound cream is non-certified.