

<b>Case Number:</b>	CM14-0034361		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51 year old female who reported an injury on 02/18/2004 due to an unknown mechanism of injury. The injured worker complained of axial neck pain that radiates down her left shoulder and upper extremity. She describes her pain as aching, burning, shooting, and tingling. On 06/18/2014 the physical examination revealed severe left shoulder tenderness at the acromioclavicular joint as well as the infra and supraspinatus tendon insertion sites. Her range of motion was decreased by 50 percent. There are no diagnostic studies provided for review. The injured had diagnoses of cervical radiculopathy and tendonitis. The past treatment history was not provided for review. The injured worker was on the following medications Tramadol, Hydrocodone, Lisinopril, warfarin, Lipitor, Famotidine, Allegra, Vicodin 5-500mg, MiraLax 17gram, Neurontin 300mg, Norco 5/325mg and Gabapentin 300mg. The current treatment plan is for Lidocaine powder, Gabapentin powder, Baclofen powder, versatile cream base-compound medications. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE POWDER, GABAPENTIN POWDER, BACLIFEN POWDER, VERSITILE CREAM BASE-COMPOUND MEDICATIONS:** 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) 111-112 Page(s): 111-112.

**Decision rationale:** The request for Lidocaine powder, Gabapentin powder, Baclofen powder, Versatile cream base-compound medication is non-certified. The injured worker has a history of neck and shoulder pain. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no rationale why the injured worker would require topical medication verses oral medication. In addition, the dose, frequency, and quantity for the proposed medication were not provided. The proposed cream of compounded medications contains Lidocaine which is not recommended. Given the above, the request for Lidocaine powder, Gabapentin powder, Baclofen powder, versatile cream base-compound medications is not medically necessary.