

<b>Case Number:</b>	CM14-0076806		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine & Rehab and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on August 8, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January, 2014 (handwritten), indicates that there were ongoing complaints of neck pain. The physical examination demonstrated a decrease in cervical spine range of motion, a slight decrease in motor function loss, and that the examination was essentially unchanged. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, topical compounded creams, physical therapy, and imaging studies. A request had been made for topical preparations and was not certified in the pre-authorization process on April 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal compound cream, Gaba 10%/Amitr 10%/Dextrometh 10% and Cyclo HCL 4%/Flurbipro 20%/Tramadol 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation ODG, Web edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** MTUS guidelines state that topical analgesics are largely experimental, and that any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary. This medication has been employed for a number of months and with the physical examination being essentially unchanged, and the complaints being unchanged, there is no demonstrated efficacy or utility with this preparation. As such, the medical necessity is not ascertained.