

Case Number:	CM15-0102932		
Date Assigned:	06/05/2015	Date of Injury:	10/24/2014
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 30-year-old female, who sustained an industrial injury on 10/24/14. She reported dog bite wounds of both legs. The injured worker was diagnosed as having keloid scar, knee/lower leg/ankle laceration and dog bite. Treatment to date has included activity restrictions and wound care. Currently, the injured worker complains of severe and worsening scar pain and sensitivity with sun exposure. She is working full time. Physical exam noted persistence of keloid scars to distal lateral thigh and lateral knee area. A request for authorization was submitted for topical compound cream Gabapentin/Baclofen/Bupivacaine, Cyclobenzaprine/Orphenadrine/Pentoxifylline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Bupivacaine 1%/Diclofenac 3%/Doxepin 3%/Gabapentin 8%/Orphanadrine 5%/ Pentoxifyll 180gm x 2 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.

Decision rationale: The requested topical analgesic is formed by the combination of Bupivacaine/diclofenac/TMSML/Doxapin/gabapentin/orphenadrine/pentoxifylline compound cream 120 gms. According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Topical compound: Bupivacaine 1%/Diclofenac 3%/Doxepin 3%/ Gabapentin 8%/Orphanadrine 5%/ Pentoxifyll 180gm x 2 refills are not medically necessary.