

<b>Case Number:</b>	CM15-0135527		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 58 year old female who sustained an industrial injury on 5/30/08. Progress report dated 5/13/15 reports continued complaints of neck pain bilaterally, worse on the left side that radiates to bilateral shoulders down to her hand. She also has complaints of pain in her left wrist and hand. She has weakness in her left upper extremity and numbness of her left hand and middle finger on the left hand. The pain is described as aching, dull and constant, rated 5/10. Medication provides short term relief. She occasionally uses a cane at home. Diagnoses include: cervical facet arthropathy, cervical spinal stenosis, cervical radiculopathy and long term high risk med use. Plan of care includes: refill nucynta extended release post-dated 5/29/15, prescribe topical compound cream for pain in cervical region. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream (Gabapentin 6%, Doclofenac 5%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Clonidine 0.2%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound cream (gabapentin 6%, diclofenac 5%, baclofen 2%, cyclobenzaprine 2%, bupivacaine 1% and clonidine 0.2%) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are facet arthropathy cervical; cervical spine stenosis; and cervical radiculopathy. The date of injury is May 30, 2008. Request for authorization is dated June 12, 2015. According to a May 13, 2015 progress note, subjectively the injured worker complains of neck pain, left wrist and hand pain. Additional complaints are migraine headaches. Pain score is 5/10. The treatment plan does not enumerate the ingredients of the compound cream and the directions are nonspecific "apply as directed". Gabapentin topical is not recommended. Baclofen topical is not recommended. Cyclobenzaprine 2% is not recommended. Any compounded product that contains at least one drug (gabapentin, baclofen and cyclobenzaprine) that is not recommended is not recommended. Consequently, compound cream (gabapentin 6%, diclofenac 5%, baclofen 2%, cyclobenzaprine 2%, bupivacaine 1% and clonidine 0.2%) is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, compound cream (gabapentin 6%, diclofenac 5%, baclofen 2%, cyclobenzaprine 2%, bupivacaine 1% and clonidine 0.2%) is not medically necessary.