

<b>Case Number:</b>	CM15-0142051		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on 1-15-2013. The injured worker was diagnosed as having pain in joint, shoulder region, pain in upper limb, and enthesopathy of wrist and-or carpus. Treatment to date has included diagnostics, right shoulder arthroscopic debridement and decompression, physical therapy, functional restoration program, home exercise program, and medications. Currently, the injured worker chronic complains of right shoulder pain, right upper limb pain, and enthesopathy of the wrist and-carpus. Pain was rated 4 out of 10 and interfered with sleep. Medication use included Tramadol, Sombra pain relieving gel (since at least 3-17-2014), and Salonpas. Work status was permanent and stationary. It was documented that topical cream was used to avoid nonsteroidal anti-inflammatory drug use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sombra natural pain relieving 3 1/6.3% topical gel QTY 1 227.2gm jar(s) with 4 refills:**  
 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:** Sombra topical gel contains menthol and camphor which are not identified by the guidelines as approved medications for topical analgesia. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. The claimant had been on the Sombra for over a year. Long-term use of topical analgesics is not recommended. The claimant had been using it with opioids and muscle relaxants without indication of reduction in their use. Continued and chronic use of Sombra is not medically necessary.