

<b>Case Number:</b>	CM15-0167628		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: North Carolina

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:

This injured worker is a 63 year old male who reported an industrial injury on 7-19-2013. His diagnoses, and or impression, were noted to include: status-post car versus pedestrian collision with residual traumatic brain injury, loss of cognitive function; cervical spine fracture, status-post cervical arthrodesis-instrumentation (8-7-13) with post-operative Staph infection and left cervical radiculopathy; left humeral head-neck comminuted fracture with significant atrophy of left shoulder musculature; right clavicle fracture with loss of motion of the right shoulder; right thoracic 2 transverse process fracture; multiple right and left rib fractures; comminuted fracture of the right fibula; lumbosacral strain with radicular pain; right knee contusion-strain; Dupuytren's contracture of both hands; range-of-motion deficit; and weakness in the bilateral hands. The history noted the inability to perform surgery on his left shoulder fracture due to a Staph infection, with noted gradual healing which resulted in muscle atrophy. Current cervical spine imaging studies were noted on 2-23-2015. His treatments were noted to include: a joint panel qualified medical evaluation in psychiatry on 4-9-2015, with treatments; a supplemental report on 8-12-2015; computed tomography studies of the left shoulder & cervical and thoracic spine (2013); magnetic resonance imaging studies of the cervical spine (2013); diagnostic x-rays of the left tibia-fibula and right knee (2013); electrodiagnostic studies of the upper extremities (Dec., 2014) physical therapy - prolonged; hand therapy (April & May 2015); chiropractic and massage treatments - helpful; spine surgeon consultation; H-wave therapy; trans-cutaneous electrical stimulation unit trial; occupational and speech therapy; medication management; and rest from work as he was noted to be unable to work. The Brain Injury Medicine progress notes of 3-3-2015 noted medications which included Calcium-Mag

Oxide, vitamin D-3, Flecainide Acetate, Lisinopril, and Omega 3 fish Oil, and reported that no new prescriptions due to cardiac issues, unlikely to tolerate a neurostimulant. The pain management progress notes of 7-8-2015 reported: an increase in significant mood swings with frustration and his inability to perform basic tasks, and his desire to go back to psychotherapy because his mood swings were out of control; that he continued to do well with over-the-counter (OTC) Motrin and Tylenol and that he really did not like taking medications, and limited their use; and that his current medications included OTC Motrin & Tylenol, Lisinopril Flecamide and Zanaflex. The objective findings stated "no significant change", and the physician's requests for treatments, and-or plans were noted to include that "he does not need any medications". No medical records for the recommendation of a compound cream were noted in the medical records provided. No Request for Authorization for a compound cream was noted in them medical records provided. The Utilization Review of 8-19-2015 non-certified the requests for compound cream Diclofenac, Flurbiprofen, Gabapentin, Lidocaine 120 mg with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound cream: Diclofenac, Flurbiprofen, Gabapentin, Lidocaine 120gms with 3 refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.