

<b>Case Number:</b>	CM15-0184855		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 7-2-15. Her diagnoses or physician impression includes cervical spondylosis, cervical radiculopathy (bilateral upper extremities), cervicogenic headache, myofascial pain-muscle spasm and chronic pain syndrome. A report dated 8-18-15 reveals the injured worker presented with complaints of cervical spine pain that radiates into both of her upper extremities and is described as electrical shooting pain in both arms that is accompanied by numbness and tingling. She reports neck muscle spasm. The pain is increased by abrupt head movement. She reports her pain is reduced from 9-10 out of 10 to 6 out of 10 with medication. She also states the medications improve her pain level by 40% and function by 50%. She reports without medication she would be significantly limited in her ability to engage in activities of daily living (walk 1-2 blocks, stand 5 minutes and activities of daily living 5-10 minutes). She is able to engage in self-care, cooking, shopping, light housekeeping and assist in care of her elderly mother, walk 1.5 miles, stand 30 minutes and engage in activities of daily living for 40 minutes with medication. Physical examinations dated 7-16-15 and 8-18-15 reveals the "cervical spine with myofascial tenderness from C4-T1" with minimal spasms noted. Upper extremity examination revealed tender left shoulder joints assist with range of motion. Treatment to date has included surgical intervention (cervical spine fusion from C3-T1), cervical epidural steroid injections (did not provide significant benefit) and physical therapy (provided temporary relief), per note dated 8-18-15. Her medication regimen of Fentanyl patch, Norco and Cymbalta provides improved function and decreased pain, per note date 8-18-15. The note also states she experienced previous therapeutic

failure with Lyrica-itching, Tizanidine-dizziness, Naprosyn-stomach upset, Voltaren and Ibuprofen. A urine toxicology screen is consistent per note dated 6-15-15. A request for authorization dated 8-24-15 for Ketoprofen powder, Gabapentin powder, Lidocaine HCL powder, sterile water, Carbitrol liquid, Dimethyl Sulfoxide, Versatile cream is denied, per Utilization Review letter dated 8-27-15.

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

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

**Ketoprofen powder, Gabapentin powder, Lidocaine HCL powder, sterile water, carbitrol liquid, Dimethyl sulfoxide, versatile cream base #240: 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:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 111 of 127. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary and appropriately non-certified.