

Case Number:	CM15-0206203		
Date Assigned:	10/23/2015	Date of Injury:	08/07/2012
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 33 year old female, who sustained an industrial injury on August 7, 2012, incurring neck, right shoulder and right wrist injuries. She was diagnosed with cervical radiculopathy, right shoulder bicipital tenosynovitis and right wrist and hand sprain. Treatment included pain medications, topical analgesic cream, and home exercise program, and activity restrictions. Currently, the injured worker complained of constant neck pain radiating to the bilateral upper extremities rated 6 out of 10 on a pain scale from 0 to 10, constant right shoulder pain and occasional right wrist pain with numbness and tingling. The treatment plan that was requested for authorization included a prescription for Absenting 16%, Cyclopean 2% and Airplane 10% 240 gm. On October 7, 2015, a request for topical analgesic cream was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Absenting 16%, Cyclopean 2%, Airplane 10% 240 gm: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics. These guidelines state that topical analgesics 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. 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. In this case, the requested compounded topical analgesic contains gabapentin and baclofen. Regarding these two agents, the guidelines state the following: Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Given that two of the components of the topical analgesic are "not recommended" the entire compounded formula is not recommended. The cream called "absenting, cyclopean and airplane" is not medically necessary.