

Case Number:	CM15-0028407		
Date Assigned:	02/20/2015	Date of Injury:	06/29/2006
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/16/2015

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, 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 58 year old female, who sustained an industrial injury on 6/29/06. On 2/16/15, the injured worker submitted an application for IMR for review of Topical Compound Cream. The treating provider has reported the injured worker complained of cervical, thoracic and lumbar pain causing insomnia and fatigue on 12/9/14 at 5/10 and Physical examination revealed limited range of motion, positive SLR and muscle spasm. The diagnoses have included lumbar radiculitis, sciatica, cervical radiculitis, cervical disc protrusion, lumbar disc protrusion, thoracic discogenic pain. Treatment to date has included chiropractic care, acupuncture and medications. Diagnostics included a MRI cervical, thoracic Spine (9/2/14), Sudoscan (8/20/14), EMG/NCS bilateral upper extremities (9/15/14), EMG/NCS lower extremities (10/1/14), Functional Capacity Evaluation (9/4/14), Lumbar transforaminal epidural steroid injections Left L3-4/bilateral L4-5 (11/10/14). The MRI findings revealed disc protrusion, stenosis and foraminal narrowing the medication list include Sentra AM, Sentra PM, Vicodin, Naproxen, Ambien and Gabadone. He has had a urine drug toxicology report on 9/16/14 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The active ingredients of the medication Topical Compound Cream were not specified in the records provided. The medical necessity of the Topical Compound Cream is not fully established in this patient.