

<b>Case Number:</b>	CM15-0045379		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: New Jersey  
 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 48 year old female, who sustained an industrial injury on 06/18/2013. She reported sustaining multiple injuries secondary to involvement in a motor vehicle accident. The injured worker was diagnosed as having right sacroiliac joint dysfunction, right abdominal trauma with bowel resection and chronic pain, and neuropathic abdominal pain. Treatment to date has included physical therapy, laboratory studies, medication regimen, x-rays of the lumbar spine, and status post abdominal surgery. In a progress note dated 02/11/2015 the treating provider reports complaints of lower sacral region pain with radiation to the right gluteal region and radiation to the upper back. The injured worker rates the pain of a six out of ten. The treating physician requested a prescription of neuropathic cream (Baclofen 2%/Gabapentin 6%/Amitriptyline 3%/Nifedipine 2%/Bupivacaine 5%/Magnesium Chloride 15%/ Dextromethorphan 5%/Flurbiprofen 10%) for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropathic pain cream (compound) 300gm #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Topical analgesics, according to the MTUS are considered experimental, especially combination or compounded preparations. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical muscle relaxants such as baclofen and others are not recommended due to their lack of supportive data for general use in chronic pain. Also, gabapentin is not recommended for use in topical form for the same reason, lack of evidence. The MTUS also states that when one or more ingredient in a combination topical analgesic formulation is considered non-recommended, the entire combination product is considered non-recommended. In the case of this worker, she was recommended Baclofen 2%/Gabapentin 6%/Amitriptyline 3%/Nifedipine 2%/Bupivacaine 5%/Magnesium Chloride 15%/Dextromethorphan 5%/Flurbiprofen 10% for use to help treat her chronic pain. However, as it contains more than one non-recommended ingredients (gabapentin, baclofen), the request for this neuropathic pain cream will be considered medically unnecessary.