

Case Number:	CM15-0045745		
Date Assigned:	03/18/2015	Date of Injury:	03/01/2002
Decision Date:	04/20/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	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: California
Certification(s)/Specialty: Emergency 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 36 year old female, who sustained an industrial injury on March 1, 2002. The injured worker had reported neck and bilateral upper extremity pain related to repetitive use. The diagnoses have included cervicgia, diffuse cervicobrachial syndrome, pain in joint of the shoulder region and wrist pain. Treatment to date has included medications, topical analgesics, acupuncture treatments and chiropractic care. Current documentation dated February 25, 2015 notes that the injured worker complained of upper body pain. The right side was worse than the left for continued upper extremity pain. The pain affects the shoulder, elbows, wrists and trapezius areas. Physical examination revealed trigger points in the trapezius muscles. The treating physician's recommended plan of care included one prescription for Dermatram cream, (Baclofen/DMSO/Doxepin/Gabapentin/Meloxicam/Pentoxifyllina/Topirmate).

IMR ISSUES, DECISIONS AND RATIONALES

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

**Dermatram cream
(Baclofen/DMSO/Doxepin/Gabapentin/Meloxicam/Pentoxifyllina/Topirmate): Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded, Topical NSAIDs.

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

Decision rationale: As per MTUS guidelines any compounded product that contains a drug or drug class that is not recommended is not recommended. 1) Meloxicam: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Not recommended. 2) Baclofen: A muscle relaxant. Not FDA approved for topical application. No evidence to support topical use. Not recommended. 3) DMSO: May have some evidence in use for patients with Chronic Regional Pain Syndrome. Patient does not have this diagnosis. Not recommended. 4) Doxepin: A tricyclic antidepressant. Not FDA approved for topical application, No evidence to support topical use. Not recommended. 5) Gabapentin: An antiseizure medication. Not FDA approved for topical application, No evidence to support topical use. Not recommended. 6) Pentoxifyline: A medication currently only approved for claudication. Not FDA approved for topical application, No evidence to support topical use. Not recommended. 7) Topiramate: An antiseizure medication. Not FDA approved for topical application, No evidence to support topical use. Not recommended. This compounded product contains multiple non-FDA topical application of medications with potential serious side effects and no data to support safety with topical application. This unsupported and completely inappropriate product and is not medically necessary.