

Case Number:	CM15-0051590		
Date Assigned:	03/25/2015	Date of Injury:	08/22/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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 York, Tennessee
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 31-year-old female, who sustained an industrial injury on 08/22/2012. She has reported injury to the neck and right shoulder. The diagnoses have included cervical sprain/strain; sprain of right shoulder; acromioclavicular joint arthritis; impingement syndrome of right shoulder; and sprain of right wrist. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, and physical therapy. Medications have included Norco, Naproxen, Lyrica, Amitriptyline, and topical compounded cream. A progress note from the treating physician, dated 11/12/2014, documented a follow-up visit with the injured worker. Currently the injured worker complains of neck and right shoulder pain. Objective findings included tenderness in trapezius of the right shoulder with spasm; positive impingement sign and decreased range of motion to the right shoulder; and right wrist, hand, and distal forearm swelling. The treatment plan has included the request for topical compound cream 120gm (Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3%) with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Topical Compound Cream 120gm (Bupivacaine 1%, Diclofenac 3%, DMSO 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3%) with 3 refills, provided on date of service 11/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Bupivacaine: Drug information UpToDate: Dimethyl sulfoxide: Drug information Drugs for Insomnia: Treatment Guidelines from The Medical Letter July 1, 2012 (Issue 119) p. 57 The Medical Letter On Drugs and Therapeutics: Vol. 46 (Issue 1176) February 16, 2004.

Decision rationale: This medication is a topical analgesic containing bupivacaine, diclofenac, DMSO, doxepin, gabapentin, orphenadrine, and pentoxifyline. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Bupivacaine is a local anesthetic. It is not recommended as a topical agent. Diclofenac is a topical non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is no documentation that the patient is suffering from osteoarthritis. Diclofenac is not indicated and not recommended. DMSO is dimethyl sulfoxide, a medication used for the treatment of interstitial cystitis. It is not recommended as a topical preparation. Doxepin is a tricyclic antidepressant. It is not recommended as a topical medication. Gabapentin is not recommended. There is no peer-reviewed literature to support use as a topical medication. Orphenadrine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. Pentoxifylline, a methylxanthine derivative, is FDA-approved for treatment of intermittent claudication. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.