MAXIMUS Federal Services

| Case Number: | CM15-0060631 | | |
|---|---|---|---|
| Date Assigned: | 04/06/2015 | Date of Injury: | 05/29/2012 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

## 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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 54-year-old female, who sustained an industrial injury on 5/29/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical and lumbar sprain/strain and radiculopathy, anxiety, and depression. Treatment to date has included diagnostics and medications. The progress report, dated 1/07/2015, noted 2 compound creams in the treatment plan. The injured worker complained of low back and neck pain, rated 8-9/10 without medications and 7/10 with medications. Oral medications included Naprosyn, Tramadol, Cyclobenzaprine, and Omeprazole. Physical exam noted tenderness and spasm to the lumbar and cervical areas, with decreased range of motion. She was currently not working. The progress report from 11/2014 also noted the use of topical compound cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounds Capsaicin / sodium Hyaturonate / Dexamethasone / Baclofen / Menthol / Camphor / Flurbiprofen, date of services 2/5/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical cream.

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

**Decision rationale:** Compounds Capsaicin / sodium Hyaturonate / Dexamethasone / Baclofen / Menthol / Camphor / Flurbiprofen, date of services 2/5/15 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED) Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.

**Sodium Hyaluronate/Bupivacaine/Amitriptyline/Gabapentin, date of services 2/7/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical cream.

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

**Decision rationale:** Sodium Hyaluronate/Bupivacaine/Amitriptyline/Gabapentin, date of services 2/7/15 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED) Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.