

<b>Case Number:</b>	CM15-0081542		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, New York

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 42 year old female, who sustained an industrial injury on 12/09/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having myalgia and myositis not otherwise specified and anxiety disorder not otherwise specified. Treatment to date has included magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the brain, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the lumbar spine, psychotherapy, use of ice, use of heat, acupuncture, chiropractic therapy, physical therapy, shock wave therapy and cupping electrotherapy, medication regimen, and status post fissurectomies and internal sphincterotomy. In a progress note dated 03/19/2015 the treating physician reports complaints of sharp, aching, shooting, throbbing pain to the head with spasm and tightness with the pain rating that was noted to decrease to a two out of ten. The injured worker also has complaints of dull throbbing pain to the neck that is noted to have decreased to a three out of ten, along with decreased aching, throbbing pain to the bilateral shoulders. The treating physician also notes complaints of aching, throbbing back pain and tightness that was noted to decrease to a four out of ten. The treating physician requested continued use of a topical compound noting that the injured worker is doing well on a prescribed compound cream with 95% relief and an increase in mobility and range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Bupiv/Acai/Gabapentin/bupro 30 day supply with three refills:** 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:** The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topicals are often used when oral medications are not tolerated, however, the patient continues on oral NSAIDs. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended, as there is no peer-reviewed literature to support use. Therefore, the request is considered not medically necessary.