

<b>Case Number:</b>	CM15-0231172		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	03/31/2014
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 03-31-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for headache, cervical musculoligamentous injury, cervical sprain-strain, rule out cervical disc protrusion, lumbar myofasciitis, lumbar sprain-strain, rotator cuff tear status post surgery, right lateral epicondylitis, right triangular fibro-cartilage tear, and right wrist sprain-strain. Treatment and diagnostics to date has included cervical spine MRI and medications. Recent medications have included compound topical cream. Subjective data (09-01-2015 and 10-16-2015), included headache and cervical spine, lumbar spine, right shoulder, right elbow, and right wrist pain rated 7-9 out of 10. Objective findings (09-01-2015 and 10-16-2015) included tenderness to palpation of the cervical paravertebral muscles, lumbar paravertebral muscles, right anterior shoulder, right lateral elbow, and right dorsal wrist. The request for authorization dated 10-16-2015 requested NCV-EMG (nerve conduction velocity studies-electromyography), referral to orthopedic surgeon, referral to pain management, urine analysis testing, acupuncture treatment, chiropractic treatment, physiotherapy treatment, and 240gm of Amantadine 8%, Cyclobenzaprine 2%, Pentoxifyline 10%, and Bupivacaine 2%-apply 1-2 pumps 3-4 times daily as needed. The Utilization Review with a decision date of 11-10-2015 non-certified the request for compound topical cream-Amantadine 8%, Cyclobenzaprine 2%, Pentoxifyline 10%, and Bupivacaine 2% 240gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amantadine 8%/Cyclobenzaprine 2%/Pentoxifyline 10%/Bupivacaine 2% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic) Chapter Online Version (updated 10/09/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Amantadine (Symmetrel) Section.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Cyclobenzaprine, as a topical product. Amantadine is recommended by the ODG as an option for patients in vegetative or minimally conscious states after a traumatic brain injury (TBI). There is no evidence of its use in a topical product. As at least one of the medications in the requested compounded medication is not approved by the guidelines, the request for Amantadine 8%/Cyclobenzaprine 2%/Pentoxifyline 10%/Bupivacaine 2% 240gm is not medically necessary.