

Case Number:	CM14-0111749		
Date Assigned:	08/01/2014	Date of Injury:	12/11/2013
Decision Date:	09/26/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male with a date of injury of 12/11/2013. The listed diagnoses per [REDACTED] are: 1. Post-trauma headache, NOS. 2. Post-concussion syndrome. 3. Chronic pain, NEC. 4. Neuralgia/neuritis, NOS - right temporal area. According to progress report, 07/02/2014, the patient presents with constant stabbing pain in his right temporal area. The average pain is rated as 6/10 and aggravated with heat and increased activities. The provider states the patient performs activities of daily living, but has had to restrict employment due to pain. She has short term memory loss, lightheadedness, and balance problems. Treatment plan includes Norco for pain relief and a compounded topical cream. Utilization Review denied the request for compound cream on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded cream: Amantadine 8%, Gabapentin 6%, Bupivacaine 1%, Clonidine 0.2%:
Upheld

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

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

Decision rationale: This patient presents with continued post-trauma headaches. The provider is requesting a compound topical cream that includes amantadine 8%, gabapentin 6%, bupivacaine 1%, clonidine 0.2%. The provider indicates under treatment plan this topical compound cream was to be prescribed, but does not discuss the rationale for its prescription. The MTUS Guidelines regarding topical analgesics states "it is largely experimental in use with 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." Gabapentin is not recommended as a topical formulation. Therefore, the entire compounded formulation Amantadine 8%, Gabapentin 6%, Bupivacaine 1%, Clonidine 0.2% is not medically necessary and appropriate.