

<b>Case Number:</b>	CM14-0116268		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 56 year-old female with a date of injury of 5/10/12. A review of the medical documentation indicates that the patient is undergoing treatment for cervical discopathy, bilateral carpal tunnel syndrome, and left medial epicondylitis. Subjective complaints (5/8/2014) include cervical spine pain, chronic headaches, migraines, and muscle tension. Objective findings (5/8/2014) include cervical tenderness and spasm, pain and restricted range of motion, diminished sensation in C4-5 dermatomal pattern, and decreased strength in C6-7 muscles. The patient has undergone imaging studies including MRI, which showed stenosis, neural foramina narrowing and disc protrusion at C2-7. The patient has undergone multiple failed conservative treatment modalities per clinical notes and is recommended for surgery. A utilization review dated 7/1/2014 did not certify the request for Transdermal Compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Transdermal Compound (ingredients, quantity and date of service unspecified):** 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): 111-113.

**Decision rationale:** The transdermal compound in question appears to contain capsaicin powder, Baclofen, Gabapentin, and Lidocaine. According to MTUS, topical Gabapentin is not recommended. Also, topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While topical NSAIDs can provide alternatives to systemic therapy with fewer side effects, the efficacy of topical NSAIDs is not well established. MTUS states there is little evidence to utilize these medications for pain in the spine or shoulder. The medical records do not provide additional clarification or justification for the use of this medication, and the quantity and plan for length of treatment are not clearly specified. Therefore the retrospective request for transdermal compound (ingredients, quantity, and date of service unspecified) is not medically necessary.