

<b>Case Number:</b>	CM14-0129790		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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 injured worker is a 54-year-old male who reported an injury on 02/27/1995. The mechanism of injury was not provided for clinical review. The previous treatments included medication and physical therapy. Within the clinical note dated 06/17/2014, it was reported the injured worker complained of reduced pain in his joints and reduced rash on his face. Upon the physical examination, the provider noted the injured worker had a positive straight leg raise on the right at 60 degrees and left at 60 degrees. The provider noted the injured worker's bilateral patella and Achilles reflexes were 2 with toes down going. The request submitted is for topical compound cream. However, the rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream (Amantadine 3%, carbamazepine 3%, DMSO 4%, Doxepin 5%, Gabapentin 6%, guaifenesin 5%#, pentoxifylline 3%, Piroxicam 0.5%) #120 gm x 3 refills:**  
Upheld

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

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

**Decision rationale:** The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines also note gabapentin is not recommended for topical use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.