

<b>Case Number:</b>	CM14-0211426		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 53-year-old male who reported an injury on 02/22/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of concussion with no loss of consciousness. Past medical treatment consists of epidural injections, facet joint injections, heat, ice, pressure, and medication therapy. Medications include ibuprofen, Naprosyn, diclofenac, Zonegran, Trileptal, Topamax, Neurontin, Elavil, valproic acid, and top analgesia. No UAs or drug screens were submitted for review. On 11/04/2014 the injured worker complained of persistent burning, numbness, and tingling pain. They described the pain to be located on the left scalp, consistent with occipital neuralgia due to injury of the upper cervical spine and injury of the greater occipital nerve of the left side. Medical treatment plan is for the injured worker to continue with transdermal cream that includes keto/diclo/bup/gaba/amit/baclo/cloni. Rationale and Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto / Diclo / Bup / Gaba / Amit / Baclo / Cloni transdermal cream:** Upheld

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

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

**Decision rationale:** The request for Keto / Diclo / Bup / Gaba / Amit / Baclo / Cloni transdermal cream is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines also note gabapentin is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of knee and elbow or other joints that are amenable to topical treatment, and recommended for short term use (4 to 12 weeks). As guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. Furthermore, it is unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. Therefore, the request is not medically necessary.