

Case Number:	CM14-0216866		
Date Assigned:	01/06/2015	Date of Injury:	10/20/2013
Decision Date:	03/31/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 28 year old female, who sustained an industrial injury on October 20, 2013. She has reported neck and upper extremity pain. The diagnoses have included cervicgia. Treatment to date has included medications. Currently, the IW complains of continued neck pain. She reports the pins and needles feeling of the upper extremities is gone, and has heightened sensitivity on the right upper extremity and hand. She rates her pain as 6/10 on a pain scale, and stated she was unable to tolerate Cymbalta. Physical findings are no tenderness of the cervical spine, and full range of motion is noted. On December 12, 2014, Utilization Review non-certified a compound cream containing: 1 Bupivacaine, 3 Diclofenac, 4 DMSO, 3 Doxepin, 8 Gabapentin, 5 Orphenadrine, 3 Pentoxifylline, 90 grams. Decision based on MTUS guidelines. On December 26, 2015, the injured worker submitted an application for IMR for review of compound cream containing: 1 Bupivacaine, 3 Diclofenac, 4 DMSO, 3 Doxepin, 8 Gabapentin, 5 Orphenadrine, 3 Pentoxifylline, 90 grams

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream : 1 bupivacaine, 3 diclofenac, 4 DMSO, 4 doxepin, 6 gabapentin, 5 orphenadrine, 3 pentoxifylline, 90g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Bupivacaine and gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of GCompound cream : 1 bupivacaine, 3 diclofenac, 4 DMSO, 4 doxepin, 6 gabapentin, 5 orphenadrine, 3 pentoxifylline, 90g is not medically necessary