

<b>Case Number:</b>	CM15-0110927		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female, who sustained an industrial injury on 4/24/2006. Diagnoses include left cubital tunnel syndrome, trapezial and paracervical strain, bilateral forearm tendinitis, status post left and right shoulder arthroscopy with subacromial decompression and rotator cuff repairs, and status post bilateral carpal tunnel releases. Treatment to date has included surgical intervention (left shoulder arthroscopy with subacromial decompression and mini open rotator cuff repair on 12/08/2014, right shoulder arthroscopy, subacromial decompression and rotator cuff repair, undated, and bilateral carpal tunnel releases, undated) and postoperative physical therapy. Per the Agreed Medical Evaluation (AME) dated 5/07/2015, the injured worker reported improved left shoulder pain status post surgical intervention on 12/08/2014. She continues to have some pain and stiffness in the left shoulder. Physical examination revealed full range of the cervical spine without pain. There was slight trapezial, paracervical and parascapular tenderness. Left shoulder ranges of motion were decreased. Phalen's test was equivocal on the right and left wrists. The plan of care included topical medications and authorization was requested for topical Gabapentin (Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine 0.2%, Sodium Hyaluronate 0.2%) 300g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream topical Gabapentin (Ketroprofen 10%, Gabapentin 6%, Bupivacaine Hcl 5%, Baclofen 2%, Cyclobenzaprine Hcl 2%, Clonidine Hcl 0.2%, Sodium Hyaluronate 0.2%) 300g with 3 refills (1 pump equals 1.5gm): Upheld**

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

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

**Decision rationale:** Regarding the request for Compound cream topical Ketroprofen 10%, Gabapentin 6%, Bupivacaine Hcl 5%, Baclofen 2%, Cyclobenzaprine Hcl 2%, Clonidine Hcl 0.2%, Sodium Hyaluronate 0.2%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested compound cream consistent of cyclobenzaprine is not medically necessary.