

<b>Case Number:</b>	CM15-0173565		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Indiana, Michigan, California  
 Certification(s)/Specialty: Family Practice

### 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 32-year-old female who experienced a work related injury on May 10, 2013. Diagnoses include cervical radiculopathy, bilateral upper extremity neuropathy and tenosynovitis of the hands and wrists. MRI completed on June 2, 2014 showed disc desiccation and protrusion. Treatment has involved medications, steroid injections and tennis elbow braces. Request is for a topical compound cream of Amantadine, Diclofenac, Baclofen, Cyclobenzaprine, Gabapentin, Bupivacaine and Pentoxifylline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream: Amantadine, Diclofenac, Baclofen, Cyclobenzaprine, Gabapentin, Bupivacaine, Pentoxifylline, base topical compound analgesics #240/30 with 0-refills:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Cyclobenzaprine (Flexeril), Lidoderm (lidocaine patch), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** MTUS guidelines consider topical analgesics as largely experimental and specifically state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical compound requested contains seven substances of which several are not recommended for long-term use and at least two are not recommended. Cyclobenzaprine is recommended as an option and treatment should be brief. Diclofenac is recommended for short-term use (4-12 weeks) and is not recommended for neuropathic pain. Lidocaine is not recommended for neuropathic pain. Therefore, the use of the topical compound cream of Amantadine, Diclofenac, Baclofen, Cyclobenzaprine, Gabapentin, Bupivacaine and Pentoxifylline is not medically necessary and appropriate.