

<b>Case Number:</b>	CM15-0071162		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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

### 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 79 year old male, who sustained an industrial injury on 7/18/2014. He reported injury of the right thumb. The injured worker was diagnosed as having chronic pain, neuralgia/neuritis of right thumb. Treatment to date has included wound care, medications, physical therapy, and work restrictions. The request is for Diclofenac 3%/Clonidine 0.2%/Gabapentin 6%/Bupivacaine 1% compound cream with 3 refills. On 3/30/2015, he complained of continued right thumb pain which is unchanged from previous exam, and medications give a mild relief of pain. The treatment plan included: discontinuing Gabapentin and Voltaren gel, and starting the requested compounded cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3%/ Clonidine 0.2%/ Gabapentin 6% / Bupivacaine 1% compound cream, #1 with 3 refills:** Upheld

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

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

**Decision rationale:** The patient presents with pain and weakness in his right thumb. The request is for DICLOFENAC 3%, GABAPENTIN 6%, BUPIVACAINE 1% COMPOUND CREAM WITH 3 REFILLS. Per 03/23/15 progress report, the patient is currently taking Voltaren gel, Gabapentin, Lisinopril and Atenolol. The patient is currently working with restrictions. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Gabapentin as topical cream. Given the lack of support for topical Gabapentin, the request IS NOT medically necessary.