

<b>Case Number:</b>	CM15-0099392		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 40-year-old female, who sustained an industrial injury on 10/24/12. She reported initial complaints of neck pain. The injured worker was diagnosed as having protrusion C5-C6; cervical radiculopathy; chronic cervical myofascial pain. Treatment to date has included chiropractic care; physical therapy; home exercise program; medications. Diagnostics included MRI cervical spine (3/11/15); EMG/NCV upper extremities (3/13/15). Currently, the PR-2 notes dated 3/31/15 indicated the injured worker complains of cervical pain with left greater than right upper extremity symptoms and pain level rated as 7/10. It is documented that chiropractic treatment of the cervical spine with 18 sessions did facilitate diminution in axial cervical pain noneffecacious in regards to radicular component. He recalls successful trial of antiepileptic drug in assisted decrease radicular pain up to 40% and did increase tolerance to standing and walking. He failed oral antiepileptic drugs however as a result of nausea and vomiting. He recalls successful trial of topical in that regard as it did facilitate improved range of motion and tolerance to standing and walking with no adverse effects. The objective findings note the gait is non-antalgic and cervical spine is tender to palpation along with paraspinal musculature with spasms. MRI cervical spine reveals evidence of a 2mm protrusion at C5-C6 and C6-C7 with neural encroachment. EMG/NCV study of 3/13/15 is documented as unremarkable. Report has been submitted for review. The provider is requesting epidural steroid injections for cervical spine at C5-C6 and C6-C7. The provider has requested Compound Medication (Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 0.2%) 300 grams with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Compound Medication (Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 0.2%) 300 grams with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with cervical spine pain with left greater than right upper extremity symptoms. The physician is requesting 1 COMPOUND MEDICATION (KETOPROFEN 10%, GABAPENTIN 6%, BUPIVACAINE 5%, FLUTICASONE 1%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, CLONIDINE 0.2% AND HYALURONIC ACID 0.2%) 300 GRAMS WITH 3 REFILLS. The RFA dated 04/21/2015 shows a request for compound medication for pain and inflammation. The patient is temporarily totally disabled. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." Per the 03/31/2015 report, the patient "recalls successful trial of topical in this regard as [it] did facilitate improved range of motion and improve tolerance to standing and walking with no adverse effects." Tenderness of the cervical spine and paraspinal musculature with spasms were noted. Diminished sensations were noted on the left C5, C6 and C7 dermatomal distributions. Gabapentin, Cyclobenzaprine, and Ketoprofen are not supported in topical formulations. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. The request IS NOT medically necessary.