

<b>Case Number:</b>	CM14-0130732		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 52 year old female was reportedly injured on September 28, 2011. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of left shoulder and left forearm pain. The injured employee stated that recent acupuncture has helped her right shoulder range of motion. Pain is currently rated at 8/10 without medications and 4/10 with medication. The physical examination demonstrated slightly decreased left shoulder flexion and abduction, tenderness along the left side of the cervical paraspinal muscles and left trapezius, and decreased cervical spine range of motion. Recent diagnostic imaging studies were not available for review. Previous treatment includes acupuncture and oral medications. A request was made for a topical compound of Gabapentin/ Bupivacaine/ Diclofenac/ Doxepin/ Otpenadrine/ Pentoxifylline/ Versatile/ Dimethy/ Propylene/ Ethoxy/ Isopropyl/ Ethyl alcohol and was not certified in the preauthorization process on August 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound:**

**Gabapentin/Bupivacaine/Diclofenac/Doxepin/Otpenadrine/Pentoxifylline/Versatile/Dimethy/ Propylene/Ethoxy/Isopropyl/Ethyl Alcohol Strength 100%, Quantity: 120: 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 Page(s): 111-112 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a topical compound of Gabapentin/ Bupivacaine/ Diclofenac/ Doxepin/ Otpheadrine/ Pentoxifylline/ Versatile/ Dimethy/ Propylene/ Ethoxy/Isopropy/ Ethyl alcohol is not medically necessary.