

<b>Case Number:</b>	CM13-0024119		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/14/2009
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of September 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work, on total temporary disability. In an August 21, 2013 progress note, the claims administrator denied a request for a topical compounded cream. A September 24, 2013 progress note is notable for comments that the applicant has ongoing neck, back, and shoulder complaints with associated headaches. The applicant is on several oral analgesic and adjuvant medications, including Elavil, Prozac, and Imitrex. The applicant is also given a topical ketoprofen containing powder while remaining off of work, on total temporary disability. An earlier note of July 18, 2013 is notable for comments that the applicant was first issued the topical compound owing to failure of Lyrica with suicidal ideation in the past. It was suggested that the topical compound was introduced owing to the applicant's having developed suicidal ideation with Lyrica at an earlier point in time. The applicant remained off of work on total temporary disability as of that point as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro purchase of Gaba7%/Keto10%/Lido5% 30gm compound medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009). Decision based on Non-MTUS Citation ODG Guidelines. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009)  
Page(s): 111-113.

**Decision rationale:** As noted several ingredients in the topical compound carry unfavorable recommendations. Specifically, pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines note that neither ketoprofen nor gabapentin is recommended for topical compound use purposes, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines, which notes that an entire compound is not recommended if any ingredient in the compound carries an unfavorable recommendation. It is further noted that even if one were to accept the position that the applicant's side effects with an anticonvulsant medication, Lyrica, did make a case for usage of topical compound in question, the applicant's subsequent failure to effect any functional improvement as defined in MTUS 9792.20f through prior usage of said compound would argue against its usage. The applicant remained off of work, on total temporary disability, approximately two months after the compound was introduced, implying that it was not at all effective. Accordingly, the request remains non-certified, on independent medical review.