

<b>Case Number:</b>	CM13-0035982		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, and knee pain reportedly associated with an industrial injury of June 13, 2008. In a Utilization Review Report dated September 13, 2013, the claims administrator failed to approve requests for several topical compounded medications. The applicant's attorney subsequently appealed. In an August 7, 2013 progress note, the applicant reported ongoing complaints of low back, hip, and knee pain status post earlier knee surgery. The applicant was apparently in the process to transfer care to a new primary treating provider. The applicant's medication list included Norco, Soma, Prilosec, and Therapentin. On August 1, 2013, Norco, Flexeril, diclofenac, Protonix, and several topical compounds, including Theraflex and Biotherm pain-relieving lotion, were endorsed. On July 24, 2013, the applicant again reported multifocal pain complaints and ancillary complaints of reflux. The applicant was given refills of Zantac, Neurontin, Prilosec, Gaviscon, Colace, simethicone, probiotics, Medrox, and other unspecified topical compounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication; Flurbipro/Cyclobenz/Menthol C/Pentran. #180:** 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 Topical Analgesics topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Compound Medication; Gabapentin/Methylcel/Pyridoxin #120. is not medically Necessary And Appropriate.:** 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 Topical Analgesics topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Bio-Therm Lotion #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 Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Biotherm agent in question are, as a class, deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including gabapentin, Norco, diclofenac, Flexeril, etc., effectively obviates the need for the largely experimental Biotherm lotion at issue. Therefore, the request was not medically necessary.