

<b>Case Number:</b>	CM13-0059125		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 53 year old female with a date of injury of 08/31/2007. She had a lumbar laminectomy/discectomy L4-L5, L5-S1 in 01/2013. She had C3-C7 decompression laminectomy and fusion on 07/25/2013. She has neck, back and shoulder pain. She also has Systemic Lupus Erythematosus. The request is for a compound topical medication that includes Diclofenac 3%, baclofen 2%, Cyclobenzaprine 2%, Gabapentin 8%, Lidocaine 6% and Ipramine 3%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112..

**Decision rationale:** MTUS Chronic pain, topical analgesics notes that topical analgesics are "largely experimental in use with few randomized controlled clinical trials to determine efficacy and safety." Furthermore, for topical compound analgesics if one of the components is not recommended then the entire compound is not recommended. It states that "Gabapentin: Not recommended. There is no peer-reviewed literature to support its use." Since Gabapentin is a

component of the requested compound is not recommended then the requested compound is not consistent with MTUS guidelines. The request is not medically necessary and appropriate.