

<b>Case Number:</b>	CM14-0005594		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 5/1/12 date of injury. At the time of request for authorization for med retro review for Amitr/Trama/Dextro-AA #240 gm and Gaba/Keto/Lido HCL AA #240 gm, there is documentation of subjective findings of neck, low back, and right wrist pain and objective findings of decreased cervical spine range of motion, decreased lumbar spine range of motion, tenderness over the lumbar spine, and positive facet loading. The current diagnoses are lumbar spine sprain/strain, low back pain with radicular symptoms, cervical spine sprain/strain, right wrist sprain/strain, and depression anxiety. The treatment to date is medications including Ultracet, Relafen, and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MED RETRO REVIEW FOR AMITR/TRAMA/DEXTRO-AA #240 GM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control.

Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Per California MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, based on guidelines and a review of the evidence, the request for med retro review for Amitr/Trama/Dextro-AA #240 gm is not medically necessary.

**GABA/KETO/LIDO HCL AA #240 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Per California MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gaba/Keto/Lido HCL AA #240 gm is not medically necessary.