

<b>Case Number:</b>	CM14-0015412		
<b>Date Assigned:</b>	05/30/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery 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 injured worker is a 51 year old male injured on 01/02/13 when he lifted boxes, bent down, and sustained an injury to his low back. Current diagnoses include disc protrusion at L4-5 and L5-S1 with sciatica. The clinical note dated 08/14/13 indicated the injured worker presented with complaints of low back pain radiating to his right buttock and leg significantly improved with chiropractic therapy and Medrol dose pack. The injured worker reports difficulty with stairs and occasional numbness to the right anterior thigh. Physical assessment reveals normal gait, lumbar range of motion moderately restricted due to pain at the limits of range, motor and sensory function of the lower extremities is intact, tenderness to palpation over the midline of the lumbosacral spine. Plan of care includes TENS unit, Tramadol, chiropractic therapy x 12 sessions, and activity modifications. The initial request for 1 compound cream Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, Hyaluronic Acid 0.2%, 24 grams was initially denied on 10/08/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE COMPOUND CREAM DICLOFENAC 10%, GABAPENTIN 10%, LIDOCAINE 5%, HYALURONIC ACID 0.2% 240 GM:** 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.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore one compound cream Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, Hyaluronic Acid 0.2% 240 GM cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.