

<b>Case Number:</b>	CM14-0019294		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	04/27/2001
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in and is licensed to practice in New York and Texas. 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 47 year old male who sustained an injury on 04/27/01. The specific mechanism of injury was not discussed in the clinical records. The injured worker was followed for ongoing chronic low back, left shoulder, and left knee pain. Medications to date included Ultram and naproxen without side effect. The clinical documentation noted that the injured worker had previously utilized topical medication including Gabapentin, Flurbiprofen, and Lidocaine for low back pain. The most recent evaluation on 03/04/14 noted continuing low back and left shoulder pain ranging from 0-6/10 on VAS. The injured worker described muscle spasms and limited range of motion, which were present on physical examination. Medications at this visit continued to include Ultram and naproxen and topical medication. Other physical examination findings included spasms within the lumbar paraspinal musculature. The requested topical compounded medication which included Gabapentin, Flurbiprofen, Lidocaine and Hyaluronic acid was denied by utilization review on 01/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE COMPOUND CREAM (GABAPENTIN, FLURBIPROFEN, LIDOCAINE, HYALURONIC ACID):** 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 Page(s): 111-113.

**Decision rationale:** In regards to the continued use of a compounded topical medication which included gabapentin, Flurbiprofen, lidocaine and Hyaluronic acid, this reviewer would not have recommended this medication as medically necessary. From the clinical record submitted for review there was no evidence of any type of neuropathic symptoms on physical examination that would support the use of topical medication which includes anticonvulsants. The injured worker continued to utilize oral medications such as anti-inflammatories without substantial side effect. There was no indication that oral medications were not tolerated or contraindicated for this injured worker to require a compounded topical medication. Furthermore both flurbiprofen and gabapentin are not FDA approved for transdermal use. Guidelines indicated that any experimental/investigational use of medications in a compound topical medication would render the entire compounded medication as experimental. As the clinical literature as the clinical documentation submitted for review did not support the continued use of a topical compounded medication per guidelines, this reviewer would not have recommended medical necessity for this medication.