

<b>Case Number:</b>	CM14-0123776		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 & Rehabilitation 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:

This is a 57-year-old female with 11/16/12 date of injury. The mechanism of injury occurred when she was entering a kitchen and slipped and fell backwards onto her outstretched right hand. According to a progress report dated 4/11/14, the patient complained of moderate to severe neck pain rated a 7/10. She also complained of intermittent mild to moderate sharp right shoulder pain radiating to hand with numbness and tingling. Objective findings: tenderness to palpation of cervical paravertebral muscles and right trapezius with spasms, status-post right shoulder surgery on 4/4/14. Diagnostic impression: cervical musculoligamentous injury, cervical myalgia, status post-surgery of right shoulder, sleep disturbance, insomnia. Treatment to date: medication management, activity modification, surgery. A UR decision dated 7/18/14 denied the request for (Retro) Compound Medications: Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% In Base and 210 gm. Flurbiprofen 20%, Tamadol 20% In Base; 30 gm Jar Of Capsaicin 0.025%, Flurbiprofen 30%, Methyl. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Retrospective compound medications: Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base and 210 gm Flurbiprofen 20%, Tramadol 20% in base; 30 gm jar of Capsaicin 0.025%, Flurbiprofen 30%, Methyl: 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 Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of amitriptyline, gabapentin, Flurbiprofen, or tramadol in a topical formulation. A specific rationale identifying why this product is required for this patient was not provided. Therefore, the request for Retrospective Compound Medications: Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% In Base And 210 gm. Flurbiprofen 20%, Tamadol 20% In Base; 30 gm Jar Of Capsaicin 0.025%, Flurbiprofen 30%, Methyl is not medically necessary.