

<b>Case Number:</b>	CM14-0126911		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Occupational Medicine 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 71-year-old woman with the date of injury of 2/22/2003. The mechanism of injury is not mentioned in the provided documents. The patient is being treated for severe neck pain. There is also back and left leg pain. Documents indications that recent treatment has included acupuncture medications including hydrocodone, carisoprodol and transdermals. There has been previous surgery to the neck, multiple diagnostic tests are mentioned. Some of the PR-2's mention use of Butrans patches and Neurontin(gabapentin) orally. The 2/6/14 Orthopedic report referred the patient pain management and she is been seen by both pain management and orthopedics after that per the reports. There is a 3/18/14 PR-2 from the orthopedist indicating patient is to continue pain management, medications, acupuncture and transdermals. Ingredients of the transdermals is not mentioned. Diagnosis for that report are rule out cervical spine disc displacement, rule out cervical lumbar spine disc displacement and lumbosacral neuritis/radiculitis. Reportedly neck symptoms are better, in the back there is left leg pain and numbness. Objective findings are that the patient cannot without a cane, limited range of motion, weakness of leg, tenderness and spasticity, diminished sensation. Poorly legible. 5/23/14 Orthopedic PR-2 requests PT. This utilization review request apparently was based on a pharmacy notice of 7/22/14 and was accompanied by the orthopedic PR-2 of 3/18/14. The request is for the ingredients for the Transdermal Creams for a compound drug with Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin, Ketamine and Lipoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Compound Drug: (Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin, Ketamine & Lipoderm): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PART 2 Page(s): 111-113.

**Decision rationale:** MTUS chronic pain guidelines do not support topical use of the antiepileptic drug gabapentin or the muscle relaxant cyclobenzaprine. The anti-inflammatory flurbiprofen is not supported for topical use. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no information available to support use outside of guidelines. Based on the evidence and the guidelines, this is not medically necessary.