

<b>Case Number:</b>	CM14-0158296		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; topical compounds; and consultation with a shoulder surgeon, who apparently endorsed rotator cuff repair surgery for a complete supraspinatus tear. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for a topical compounded medication. The topical compound at issue was apparently endorsed via an August 7, 2014 progress note and associated request for authorization (RFA) form. In a prescription form dated July 8, 2014, it was acknowledged that the applicant was using oral Tramadol for pain relief, along with Lopressor, Metformin, and Glyburide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medications, Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, and Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% in Albaderm cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including oral Tramadol, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compound at issue. Therefore, the request is not medically necessary.