

<b>Case Number:</b>	CM14-0159588		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Pain Management 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 44 year old female with a date of injury of September 16, 2010. She has a history of lumbar discopathy. She underwent magnetic resonance imaging of the lumbar spine on November 12, 2010 which revealed a diffuse disc bulge with disc desiccation and a small annular tear at L3-L4. There is some motion artifact at this level. At L4-5, there was a disc bulge with disc desiccation as well as an annular tear. There is mild to moderate bilateral sub articular recess stenosis at L4-L5. At L5-S1, there is paracentral disc protrusion measuring 6-mm with impingement on the transiting nerve at the subarticular recess on the left S1 root. Most recent records dated August 28, 2014 documents no changes since her last visit. Ibuprofen and Naproxen caused gastritis. She has antalgic gait and the lumbar spine pain is more severe on the right than left with decreased range of motion by pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Lidocaine 5%, 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the requested medicine is obviously a compounded medication and one of its major components, gabapentin, is not recommended by guidelines as a topical treatment as there is no peer-reviewed literature to support its use. Therefore, the medical necessity of the requested gabapentin 10% lidocaine 5% 180 grams is not established.

**Baclofen 2%, Flurbiprofen 5%, Acetyl-L-Carnitine 15%, 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

**Decision rationale:** According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the requested medicine is a compounded medication and one of its major components, baclofen, is not recommended by evidence-based guidelines, due to the fact that there is no peer-reviewed literature to support the use of topical baclofen. Therefore, the request for Baclofen 2%, Flurbiprofen 5%, Acetyl-L-Carnitine 15%, 180 grams is not certified.