

<b>Case Number:</b>	CM14-0174691		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 low back pain, shoulder, hand, and finger pain reportedly associated with cumulative trauma at work between the dates July 1, 2006 through January 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In a progress note dated August 28, 2014, the applicant reported 8/10 complaints of low back pain, hand pain, wrist pain, and finger pain, all of which were attributed to cumulative trauma at work. The applicant was given prescriptions for several topical compounded drugs, oral Naprosyn, and Prilosec while 12 sessions of manipulative therapy were endorsed. A rather proscriptive 5-pound lifting limitation was also imposed, which the attending provider acknowledged that the applicant's employer was unable to accommodate, resulting in the applicant's being placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Tramadol cream x 2 refills:** 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.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the flurbiprofen-containing compound at issue, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of Naprosyn, a first line oral pharmaceutical, effectively obviated the need for the flurbiprofen-containing compound at issue. Therefore, the request was not medically necessary.

**Gabapentin/Amitriptyline/Dexamethorphan cream x 2 refills:** 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:** 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 the topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.