

<b>Case Number:</b>	CM14-0037859		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 hand and shoulder pain reportedly associated with an industrial of January 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; reported diagnosis with reflux sympathetic dystrophy; unspecified amounts of physical therapy; stellate ganglion block; and extensive periods of time off of work. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for a topical compounded medication. The applicant's attorney subsequently appealed. The applicant's medication list was not clearly detailed on the progress note dated September 22, 2013. It appears that the topical compound in question was renewed via a handwritten note dated February 12, 2014, difficult to follow, not entirely legible, in which the applicant was described as having persistent complaints of hand pain following a crush injury. The applicant was kept off of work, on total temporary disability, via multiple other handwritten progress notes interspersed throughout 2013 and 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 2/18/14) for compound medication:**

**Diclof/Bacl/Bupiv/Gaba/Orph, Pent/Ibup - Topical Analgesic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic s Page(s): 105, 111-113.

**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, two of the principal ingredients of the compound here, specifically baclofen and gabapentin, are deemed "not recommended" for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider has not furnished any compelling evidence to support the proposition that the applicant is unable to use first-line oral pharmaceuticals. Therefore, the request is not medically necessary.