

<b>Case Number:</b>	CM14-0044310		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Neurological Surgery 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 45 year-old gentleman who was reportedly injured on January 16, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress noted dated February 5, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a positive Tinel's on the right, a positive compression test at the right wrist; paravertebral muscle spasm in the lumbar region the spine and dysesthesia in the lower extremity. Diagnostic imaging studies are not presented for review. Previous treatment includes multiple conservative interventions. A request had been made for topical compounded preparations and was not certified in the pre-authorization process on February 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GAB/LID/ALOE/CAP/MEN/CAM Patch (Gabapentin 10 percent, Lidocaine 2 percent with Aloe Vera 0.5 percent, Capsaitin 0.25 percent, Menthol 10 percent, and Camphor (Patch) 5 percent) #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (updated 01/07/2014) Compound Drugs.

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

**Decision rationale:** The use of topical compounded preparations is noted to be largely experimental and that any particular combination of medications that contains one drug that is not indicated negates the need for the entirety. In this case, there is no demonstrated need for lidocaine as no specific neuropathic lesion has been noted. Therefore, this preparation is not medically necessary.

**Gabapentin/Capsaicin (Patch) 10 percent/0.025 percent #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (updated 01/07/2014) Compound drugs.

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

**Decision rationale:** The use of topical compounded preparations is noted to be largely experimental and that any particular combination of medications that contain one drug that is not indicated negates the need for the entirety. In this case, there is no demonstrated need for lidocaine as no specific neuropathic lesion has been noted. Therefore, this preparation is not medically necessary.