

<b>Case Number:</b>	CM14-0055506		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 46 year old presenting with work related injury on 11/16/12. On 11/04/2013, the patient complained of neck pain and low back pain, right shoulder pain and headaches. The pain is rated a 8/10. The physical exam was significant for an increased pain with cervical compression and decreased pain with cervical distraction, Adson's, Spurling's and shoulder abduction tests were negative bilaterally, tenderness to palpation along the trapezius muscles bilaterally and supraclavicular fossa on the left side, adjacent to the spinous processes at C6 and C7, associated guarding noted, and reduced range of motion of the cervical spine, tenderness over the multifidus muscles bilaterally, reduced range of motion of the lumbar spine, positive Lasegue's test producing left posterior calf pain, intermitten slight pain of the right shoulder at rest. The patient was diagnosed with chronic sprain and strain of the cervical spine, chronic sprain and strain of the lumbar spine, disc bulging and herniations at L2-3, L3-4 and L5-S1, degenerative disc disease at L3-4, bilateral facet disease at L3-4 and L4-5, transitional L5-S1 segment, rule-out cuff tears of the right shoulder, grade I chondromalacia patella, left knee, tendonitis, left knee, headaches and TMJ disorder. A claim was made for compounded cream gaba 10% Keto 10T, tram 10%, cyclo 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication: gaba 10%, keto 10%, tram 10%, cyclo 2%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain/Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Compounded medication: Gaba 10%, Keto 10%, Tram 10%, Cyclo 2% is not medically necessary. According to California Medical Treatment Utilization Schedule (MTUS), 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.