

<b>Case Number:</b>	CM14-0062345		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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:

According to the records made available for review, this is a 43-year-old male with a 8/8/11 date of injury. At the time (4/3/14) of the Decision for Compound cream medication Flurbiprofen 20%, Tramadol 20% in base (210 gm.) and Compound cream medication Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base (210 gm.), there is documentation of subjective (low back pain, moderate right hip pain, and moderate to severe right knee pain) and objective (tenderness over the L3-L5 spinous processes and lumbar paravertebral muscles with muscle spasm) findings, current diagnoses (lumbar musculoligamentous injury, lumbar radiculopathy, right hip internal derangement, right hip sprain/strain, and right knee internal derangement), and treatment to date (oral medications, topical compounded medications, acupuncture, aquatic therapy, and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream medication Flurbiprofen 20%, Tramadol 20% in base (210 Gm):**  
Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, Glutamate Receptor Antagonists, Adenosine, Cannabinoids, Cholinergic receptor agonists, Prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic Amines, and nerve growth factor); that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound cream medication Flurbiprofen 20%, Tramadol 20% in base (210 gm.) is not medically necessary.

**Compound cream medication Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base (210Gm): Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous injury, lumbar radiculopathy, right hip internal derangement, right hip sprain/strain, and right knee internal derangement. However, compound cream medication Amitriptyline 10%, Dextromethorphan 10%, and Gabapentin 10% contains at least one component (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound cream medication Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base (210 gm.) is not medically necessary.