

<b>Case Number:</b>	CM14-0069062		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Physical Medicine & Rehabilitation, 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 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 51-year-old male who reported an injury on 02/14/2011. The mechanism of injury involved a motor vehicle accident. Current diagnoses include bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, cervical disc herniation with neural foraminal stenosis, lumbar disc herniation with neural foraminal stenosis, left shoulder rotator cuff tendinitis with impingement, right S1 radiculopathy and status post lumbar spine fusion. The current request is for the compounded medications issued on 03/06/2014. However, there was no physician progress report or DWC Form RFA submitted on the requesting date of 03/06/2014. The injured worker was evaluated on 03/19/2014 with complaints of ongoing left shoulder pain status post arthroscopy. It is noted that the injured worker has undergone 2 back surgeries, in 1998 and 2007, as well as a lumbar fusion in 12/2012, left shoulder arthroscopy with subacromial decompression on 03/14/2013, and hernia repair in 1997. The current medication regimen includes Norco 10/325 mg. Physical examination of the left shoulder revealed well healed portals without signs of infection, 120 degree flexion, 30 degree extension and 110 degree abduction. Treatment recommendations at that time included additional postoperative physical therapy twice per week for 6 weeks for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for date of service 3/6/2014 flur/bac/cyclo/gaba/lido compound 120 gram:**  
Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.

**Retrospective for date of service 3/6/2014 trama/gaba/menth/cap/cam compound 120 gram:**  
Upheld

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

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