

<b>Case Number:</b>	CM14-0185018		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 underlying date of injury in this case is 06/21/2013. The date of the utilization review under appeal is 10/13/2014. Very limited detail is available in this case regarding office notes from the requesting physician. Notes are available regarding initial orthopedic consultation on 09/04/2014. That note reports this patient's history of an initial injury when he lifted a patient on a gurney and felt pain in his low back. The patient was noted to have developed a chronic lumbosacral strain and herniated disc at L4-5 and L5-S1. The patient was encouraged to continue with an independent exercise program into the future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 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.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section topical analgesics states that the use of topical compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Such detail is not documented in this case. Additionally, the same guidelines specifically does not recommend gabapentin for topical use. For this additional reason, the compounded overall is not supported by the treatment guidelines. Additionally, it is unclear why the patient would require 2 separate medications each containing gabapentin requested simultaneously. For this additional reason, this request is not medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 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.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section topical analgesics states that the use of topical compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Such detail is not documented in this case. Additionally, the same guidelines specifically does not recommend gabapentin for topical use. For this additional reason, the compounded overall is not supported by the treatment guidelines. Additionally, it is unclear why the patient would require 2 separate medications each containing gabapentin requested simultaneously. For this additional reason, this request is not medically necessary. Additionally I note that the muscle relaxant cyclobenzaprine is specifically not recommended for topical use by the guideline. For this additional reason, this request is not medically necessary.