

<b>Case Number:</b>	CM14-0188041		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Occupational Medicine, 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 48-year-old male with a 12/3/12 date of injury. At the time (11/6/14) of the Decision for topical compound medication (Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifyl, Versatile, Dimethyl, Propylene Gel, Ethoxy Liquid, Isopropyl, Ethyl Acl Sol), there is documentation of subjective (low back, neck, and bilateral shoulder pain) and objective (antalgic gait, tenderness over lumbar paraspinal muscle with painful range of motion, and positive straight leg raise) findings, current diagnoses (lumbar discogenic pain syndrome, lumbar radiculitis, and lumbosacral disc degeneration), and treatment to date (medications (including ongoing treatment with Terocin patch, Naproxen, and Prilosec)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Medication (Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifyl, Versatile, Dimethyl, Propylene Gel, Ethoxy Liquid, Isopropyl, Ethyl Acl Sol): Upheld**

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

**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 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 discogenic pain syndrome, lumbar radiculitis, and lumbosacral disc degeneration. However, the requested Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifyl, Versatile, Dimethyl, Propylene Gel, Ethoxy Liquid, Isopropyl, Ethyl Acl Sol) contains at least one drug (Gabapentin) and at least one drug class (muscle relaxant (Orphenadrine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical compound medication (Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifyl, Versatile, Dimethyl, Propylene Gel, Ethoxy Liquid, Isopropyl, Ethyl Acl Sol) is not medically necessary.