

<b>Case Number:</b>	CM14-0189734		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/10/1995
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Family Practice, 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:

This is a 61 year old female who sustained a work related injury on March 10, 1995. The mechanism of injury of injury was not provided. A physicians report dated November 26, 2013 notes that the injured worker had ongoing right leg pain and right shoulder and neck pain. She also was noted to have right lower abdominal pain with numbness on the right side of the pelvis, which occurred from a pulled muscle on May 13, 2013. The injured worker was noted to have had right shoulder surgery in April of 2011, and continues to have pain. Prior treatments have included chiropractic treatments and physical therapy. There was no documentation of the prior physical therapy or chiropractic treatments submitted for review. The injured worker was noted to be taking Lyrica and Pamelor for chronic radiculitis. Work status is unclear, but the documentation notes the injured worker is working in her spouses company one to two hours a day. Diagnoses include degenerative lumbosacral disc disease and thoracic and lumbosacral radiculitis. Physical examination revealed normal vital signs and a Body Mass Index of 24.2. No other objective findings were noted. The treating physician requested CMPD cream (Ketamine/Diclofenac/Baclofen/Cyclobenzaprine/Gabapentin) a daily supply, quantity 10 with 120 refills for neuropathic pain on October 24, 2014. Utilization Review evaluated and denied the request for the CMPD cream on October 29, 2014. There was no current progress note submitted for review or supporting clinical information regarding the request. Utilization Review denied the request due to MTUS Chronic Pain Medical Treatment Guidelines, which states several ingredients in the compound are not recommended for topical compound formation purposes. Baclofen, Cyclobenzaprine and Gabapentin are all deemed "not recommended" for topical compound formulation purposes. Since one or more of the ingredients is not recommended the entire compound is not recommended. In addition, the reported use by the injured worker of Lyrica and Pamelor as adjunct medication effectively obviates the need for the

largely experimental topical compound at issue. Therefore, the request is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CMPD-Ketamine/Diclofena/Baclofen/Cyclobenz/Gabapen day supply: 10 quantity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compound formulation Page(s): 111, 113 of 127.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, muscle relaxants and Gabapentin are not recommended due to lack of clinical evidence to support their use. Since the compound above contains Cyclobenzaprine and Gabapentin, the compound is not medically necessary.