

<b>Case Number:</b>	CM14-0194952		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/05/1999
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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:

Applicable Criteria/Guideline: California MTUS, 2009, 9792.20-9792.26, page(s) 111-113  
 Date/First Report of Injury: 3/12/12 Injured Worker Age, Gender and Complaints: Per progress notes dated 11/7/14, 52 year old male, presents to appointment with complaints of sharp neck pain, stabbing, throbbing low back pain, sharp, right shoulder pain radiating to right fingers, throbbing left shoulder pain radiating to left hand, throbbing right knee pain all 10/10 in severity. He also complained of severe, stabbing, throbbing, right knee pain. Injured worker is 335 pounds and presents with bilateral knee problems as well. Treating/Referral Provider Findings: Physical examination of the injured worker revealed injured worker 6'1. Cervical compression caused pain. Kemp's causes pain. Straight Leg Raise caused pain bilaterally. Exam of right knee revealed positive McMurray's. Diagnoses: Cervicalgia, Lumbar pain, right shoulder pain, status post-surgery, right shoulder, left shoulder pain, status post-surgery, left shoulder, right knee pain, left knee pain, loss of sleep, anxiety and depression Disputed Service(s): Compound Medication: (Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base and Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base). This request does not meet MTUS, Chronic Pain Medical Treatment Guidelines, as any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended per MTUS as there is no peer reviewed literature to support. Baclofen is not recommended as there is no peer reviewed literature to support the use of topical baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Amitriptyline 10%, Bupivacaine in Cream Base: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

**Decision rationale:** Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.

**Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in Cream Base: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

**Decision rationale:** Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.