

<b>Case Number:</b>	CM14-0203376		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, back, ankle, knee and shoulder pain reportedly associated with an industrial injury of September 26, 2006. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for a topical compounded medication. Progress notes and RFA form dated October 3, 2014 and October 7, 2014, were referenced in the determination. The applicant's attorney subsequently appealed. In a work status report dated November 13, 2014, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability from a mental health perspective. The applicant reportedly had uncontrolled diabetes, it was incidentally noted on that date. The applicant was using Prozac, Klonopin, Restoril, and Risperdal, it was incidentally noted. In another handwritten note dated September 12, 2014, the applicant was asked to continue Norco, Prilosec, Lidoderm patches owing to ongoing, multifocal complaints of knee pain, ankle pain, neck pain, back pain, shoulder pain and hand pain. The applicant was, once again, placed off of work, on total temporary disability. The note was very difficult to follow and did not explicitly allude to the topical compounded medication at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flur/Bac/Cyc/Gab/Ket #120gm:** 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:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes likewise that gabapentin (the quaternary ingredient in the compound at issue), is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical agent at issue. Therefore, the request is not medically necessary.