

<b>Case Number:</b>	CM14-0207576		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of April 17, 2014. In a Utilization Review Report dated November 10, 2014, the claims administrator denied requests for several topical compounded medications. A progress note of October 16, 2014 was briefly referenced in the determination. In a primary treating physician initial evaluation dated October 16, 2014, the applicant reported ongoing complaints of low back pain, 8/10 with attendant complaints of depression, anxiety, and insomnia. The applicant had completed 20 sessions of physical therapy through another provider, it was incidentally noted. The applicant was off of work. The applicant had, in addition to switching providers, had also switched to and from different attorneys. The applicant was using benazepril and Naprosyn, it was stated in one section of the note. Urine drug testing, twelve sessions of functional restoration, twelve sessions of acupuncture, electrodiagnostic testing of the lower extremities, Neurontin, Motrin, and Protonix were endorsed while the applicant was kept off of work, on total temporary disability. A psychology consultation and a pain management consultation were also endorsed. Topical compounds were endorsed on this date as well. In a November 24, 2014 progress note, the applicant's medication list reportedly included Medrol Dosepak, Zestril, Neurontin, and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2% Flurbiprofen 25% 180gm: 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, muscle relaxants such as cyclobenzaprine are 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 first-line oral pharmaceuticals such as Naprosyn and Neurontin effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.

**Capsaicin 0.025, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm:**  
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, gabapentin, the tertiary 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 that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, Medrol, oral Neurontin, etc., effectively obviated the need for the gabapentin-containing compound at issue. Therefore, the request was not medically necessary.