

<b>Case Number:</b>	CM15-0009518		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 57-year-old male who reported an injury on 05/28/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar radiculitis and lumbar sprain/strain. The latest physician progress report submitted for this review is documented on 10/15/2014. The injured worker presented with complaints of low back pain with radiation into the bilateral lower extremities, aggravated by prolonged sitting, standing, and walking. Upon examination, there was decreased and painful lumbar range of motion, tenderness to palpation, and muscle spasm in the lumbar paravertebral muscles with a positive Kemp's sign. Recommendations included additional physical therapy, acupuncture, and chiropractic treatment. The injured worker was pending authorization for an MRI of the lumbar spine, electrodiagnostic studies, and a functional capacity evaluation. There was no Request for Authorization form submitted for review.

### 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 5% in cream base 210 grams QTY: 1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 91.

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended for topical use as there is no peer reviewed literature to support its use as a topical product. Given the above, the request is not medically appropriate.

**Flurbiprofen 20%/Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.02525% in cream base QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Capsaicin in a 0.025% formulation is recommended for treatment of osteoarthritis. Muscle relaxants are not recommended as a topical product. Given the above, the request is not medically appropriate.