

<b>Case Number:</b>	CM15-0100460		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 58-year-old male, who sustained an industrial injury on 11/21/2011. He reported injuries after a fall and is currently able to return to modified work. The injured worker is currently diagnosed as having lumbago, lumbar radiculitis, left shoulder impingement syndrome, right hip pain, left hip pain, bilateral enthesopathy of knee, and loss of sleep. Treatment and diagnostics to date has included medications. In a progress note dated 04/29/2015, the injured worker presented with complaints of low back, left shoulder, bilateral hip, and bilateral knee pain. Objective findings include decreased lumbar spine, left shoulder, and right hip range of motion. The treating physician reported requesting authorization for compound cream.

### 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, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base: 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Therefore, the request for Gabapentin 10% , Amitriptyline 10%, Bupivacaine in cream base, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base is not medically necessary.