

<b>Case Number:</b>	CM15-0106612		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/07/2000
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, New York, 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 72-year-old who has filed a claim for chronic low back (LBP), neck pain, and alleged myofascial pain syndrome reportedly associated with an industrial injury of July 7, 2000. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve requests for topical compounded medications and a medication panel. The claims administrator referenced a RFA form received on May 14, 2015 in its determination. The claims administrator seemingly conditionally or partially approved the request for medication panel as a comprehensive metabolic panel (CMP). The applicant's attorney subsequently appealed. In a May 19, 2015 RFA form, facet joint infections were sought. In an associated applicant questionnaire dated May 19, 2015, the applicant acknowledged that he was not working. On May 8, 2015, the attending provider noted that the applicant had 9/10 multifocal low back, hand, and forearm complaints. The applicant was using Percocet, prednisone, Neurontin, and a walker, it was reported. Home Health services were sought. There was no seeming discussion of the topical compounded agent in question on this date. On May 19, 2015, the applicant reported ongoing complaints of low back, neck, and bilateral lower extremity pain following multiple failed lumbar spine surgeries, it was reported, collectively scored at 9/10. The applicant was asked to continue Relafen. Facet injections and topical compounds were endorsed. The applicant was also apparently using Relafen, Excedrin, and Ultracet, suggested in another section of the note. The note was very difficult to follow and mingled historical issues with current issues. The applicant was having difficulty performing activities of daily living as basic as walking, dressing herself, showering, and bending, it was reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CM 4 topical compounded cream: Caps 0.05% and Cyclo 4%:** Upheld

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

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

**Decision rationale:** No, the topical compounded capsaicin-cyclobenzaprine cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the secondary ingredient in the compound, are not recommended for topical compounded 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. The applicant's ongoing usage of numerous first line oral pharmaceuticals, including Relafen, Ultracet, etc. , effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounded agent such as the article in question. Therefore, the request was not medically necessary.

**CM 1 topical cream: Gabapentin 10%:** Upheld

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

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

**Decision rationale:** Similarly, the request for a gabapentin-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, 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 MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Medication Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** Finally, the request for a medication panel was likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested monitoring in applicants using NSAIDs includes periodic monitoring of the CBC and chemistry profile to include renal- hepatic functioning testing, here, however, the request for a medication panel was ambiguous and open to a number of different interpretations. It was clearly stated what was sought. Therefore, the request was not medically necessary.