

<b>Case Number:</b>	CM15-0108240		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 50 year old male injured worker suffered an industrial injury on 12/26/2007. The diagnoses included cervical and lumbar degenerative disc disease, neck pain, low back pain, myalgia, lumbar facet joint pain and cervical radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with cervical epidural steroid injections, facet injections, and medications. On 4/27/2015 the treating provider reported neck and low back pain. He had a cervical epidural steroid injection on 11/4/2014 and continued to notice pain relief. He was having increased low back pain with radiation to the right hip and thigh. The pain was rated 5/10 with medications and 7/10 without medications. On exam there was positive straight leg raise with tenderness of the lumbar muscles along with pain on range of motion. The treatment plan included Topical Compound Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline:** 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:** The patient is a 50 year old male with an injury on 12/26/2007. He has neck pain and back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Gabapentin which is not recommended; thus the requested compound topical analgesic medication in not medically necessary.