

<b>Case Number:</b>	CM15-0135667		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 25-year-old who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of December 25, 2014. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve several topical compounded medications. The claims administrator referenced an RFA form received on June 15, 2015 in its determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant was placed off of work, on total temporary disability. Naproxen, omeprazole, and several topical compounds were endorsed. The applicant was asked to pursue an orthopedic hand surgery consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Tetracaine 2% 120gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for a ketamine-baclofen-cyclobenzaprine-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary 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 the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as naproxen effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.

**FCCM Flurbiprofen 10%, Capacin 0.025%, Menthol 2%, CA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 28; 111.

**Decision rationale:** Similarly, the request for a flurbiprofen-capsaicin-menthol-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, the secondary ingredient in the compound, is recommended only as an option for applicants who have not responded to other treatments. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals such as naproxen effectively obviated the need for the capsaicin component of the amalgam. Since the capsaicin component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.