

<b>Case Number:</b>	CM15-0141721		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: 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 injured worker is a 58-year-old male who sustained an industrial injury on 7-1-2008. He has reported injury to the neck, left shoulder, and low back and has been diagnosed with left shoulder impingement without rotator cuff tear, cervical discopathy, lumbar discopathy, right knee internal derangement with meniscal tear, status post right knee arthroscopy with patella chondromalacia, and cervical brachial syndrome. Treatment has included medications and conservative therapy. There was tenderness at the occipital insertion of the paracervical musculature. There was tenderness bilaterally in the trapezii. There was tenderness at the midline base of the cervical spine. There was acromioclavicular joint tenderness and crepitus. There was pain upon Hawkin's, Neer's, and impingement maneuvers. There was decreased range of motion to the left shoulder. There was midline tenderness, spasm, and tightness in the paralumbar musculature. There was mild left side active sciatica with tenderness to the buttocks. Range of motion was mildly reduced with spasm. The treatment plan included medications and topical medications. The treatment request included topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Transdermal Compound: Cyclobenzaprine 2%/Baclofen 2%/ Lidocaine 2%/ Gabapentin 6%/ Flurbiprofen 20%/ Microderm Base Cream #180 times one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section, Opioids for Neuropathic Pain Section and Opioids, Specific Drug List Section, Topical Analgesics Section Page(s): 28, 67-73, 82, 83, 93, 94, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Cyclobenzaprine, or baclofen as a topical product. The MTUS Guidelines do not recommend the use of topical Gabapentin, as there is no peer-reviewed literature to support use. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for retro transdermal compound: Cyclobenzaprine 2%/baclofen 2%/ lidocaine 2%/ Gabapentin 6%/ flurbiprofen 20%/ microderm base cream #180 times one refill is determined to not be medically necessary.