

<b>Case Number:</b>	CM15-0143924		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 42-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 26, 2013. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for several topical compounded medications. An RFA form received on June 25, 2015 was referenced in its determination. The applicant's attorney subsequently appealed. On March 30, 2015, range of motion, back brace, physical therapy, and gabapentin were endorsed. On July 8, 2015, the applicant was asked to continue tramadol, Ultracet, and Methoderm gel. On an RFA form dated March 30, 2015, authorization for range of motion, gabapentin, a back brace, and physical therapy were sought. On an RFA form dated July 8, 2015, authorization for range of motion, gabapentin, Ultracet, Methoderm, and physical therapy were sought. In a handwritten progress note dated June 16, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, mid back, and low back pain. The applicant's work status was not clearly reported. The topical compounded medications in question were dispensed, while Neurontin, tramadol, Prilosec, and Flexeril were also prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Patches: Gaba/Amit/Dextr:** 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): 111-113.

**Decision rationale:** No, the gabapentin-containing topical compound is 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 the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Transdermal Patches: Cyc/Flor: 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): 111-113.

**Decision rationale:** Similarly, the request for a cyclobenzaprine-containing topical compound is likewise 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 primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals to include Neurontin, tramadol, Flexeril, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" agent such as the compound in question. Therefore, the request is not medically necessary.