

<b>Case Number:</b>	CM15-0166475		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: 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 47 year old female who sustained an industrial injury on 6-24-2014. She was lifting up a patient in the sitting position when she felt a sudden popping and cracking sensation in her lower back. She has reported cervical spine pain rated a 7 out 10 without medications and a 5 out 10 with medications. Lumbar spine pain was rated a 5 out 10 without medication and a 5 out of 10 with medications. Diagnoses include lumbar disc protrusion, lumbar radiculopathy, and lumbosacral sprain strain. Treatment has included acupuncture, medications, injections, and physical therapy. Range of motion of the lumbar spine was painful. There was tenderness to palpation of the L4-S1 spinous process, left gluteus, left SI joint, and lumbar paravertebral muscles. There were muscles spasms of the lumbar paravertebral muscles. The treatment plan included 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:

**Flubiprofen 20%, Baclofen 5%, Camphor 5%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2%, in cream base, 240 gm: Upheld**

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

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

**Decision rationale:** MTUS Guidelines are very specific with the statements that only FDA/Guideline approved topical agents are recommended and any compound including a non-approved agent(s) is not recommended. This compounded topical includes several agents that are not Guideline supported. Guidelines specifically state that topical muscle relaxants (Baclofen) is not recommended. In addition, the Guidelines do not support topical Flubiprofen or topical Hyaluronic acid. The compounded Flubiprofen 20%, Baclofen 5%, Camphor 5%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2%, in cream base, 240 gm is not supported by Guidelines and is not medically necessary.

**Amitripyline HCL (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic acid 0.2%, in cream base, 240 gm:**  
Upheld

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

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

**Decision rationale:** MTUS Guidelines are very specific with the statements that only FDA/Guideline approved topical agents are recommended and any compound including a non-approved agent(s) is not recommended. This compounded topical includes several agents that are not Guideline supported. The topical Gabapentin is specifically noted to be non-recommended. In addition topical anti-depressants, bupivacaine and hyaluronic acid are not supported. The compound topical Amitripyline HCL (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic acid 0.2%, in cream base, 240 gm is not supported by Guidelines and is not medically necessary.