

<b>Case Number:</b>	CM15-0182882		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/23/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 43-year-old who has filed a claim for chronic shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 23, 2008. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for several topical compounded agents. The claims administrator referenced a June 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, tramadol, Lunesta, Mobic, and the topical compounded agents in question were endorsed. The applicant reported ongoing complaints of shoulder pain status post earlier failed shoulder surgery. The applicant developed derivative complaints of anxiety and psychological distress, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone 2%/ Panthenol 0.5% cream #210 DOS 08/24/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for a flurbiprofen-baclofen-dexamethasone-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, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. This result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It was further noted that the applicant's concomitant usage of multiple first-line oral pharmaceuticals to include Mobic and tramadol, per an August 24, 2015 office visit, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.

**Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5% cream #210 DOS 08/24/2015:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for an amitriptyline-gabapentin-bupivacaine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the preceding request, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include tramadol, Mobic, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.