

<b>Case Number:</b>	CM15-0189307		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Illinois

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:

This is a 49 year old male who sustained an industrial injury on 9-20-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral neuritis, lumbar sprain-strain, degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis. Per the Doctor's First Report of Occupational Injury or Illness dated 8-10-2015, the injured worker complained of constant, severe, stabbing, achy low back pain rated 8 to 9 out of 10 that radiated to the right lower extremity with numbness and tingling. The physical exam (8-10-2015) revealed pain with lumbar range of motion. There was tenderness and spasm over the lumbar spine. Dermatome testing in the spinal levels of left L3, L4, L5 and S1 demonstrated hyperesthesia. According to initial evaluation dated 8-11-2015, the injured worker was seen for a pain medication, hypertension and insomnia evaluation. The physical exam (8-11-2015) revealed the injured worker to be in no acute distress and to appear comfortable at rest. Treatment has included skin grafts, plastic surgery, chiropractic treatment, physiotherapy and medications. Current medications (8-11-2015) included Oxycodone, Ambien, Gabapentin and Atenolol. The request for authorization was dated 8-11-2015. The original Utilization Review (UR) (9-2-2015) denied requests for compound medications: Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.25 in cream base 240 grams and 30 grams and compound medication: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240 grams and 30 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Compound medication (Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.25 in cream base) 240 grams: 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:** The injured worker sustained a work related injury on 9-20-2011. The medical records provided indicate the diagnosis of lumbosacral neuritis, lumbar sprain-strain, degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis. Treatments have included skin grafts, plastic surgery, chiropractic treatment, physiotherapy and medications. Current medications (8-11-2015) included Oxycodone, Ambien, Gabapentin and Atenolol. The medical records provided for review do not indicate a medical necessity for 1 Compound medication (Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.25 in cream base) 240 grams. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the agents in this compounded drug is recommended; therefore, the requested treatment is not medically necessary.

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**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:** The injured worker sustained a work related injury on 9-20-2011. The medical records provided indicate the diagnosis of lumbosacral neuritis, lumbar sprain-strain, degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis. Treatments have included skin grafts, plastic surgery, chiropractic treatment, physiotherapy and medications. Current medications (8-11-2015) included Oxycodone, Ambien, Gabapentin and Atenolol. The medical records provided for review do not indicate a medical necessity for 1 Compound medication (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base) 240 grams. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of

the agents in this compounded drug is recommended; therefore, the requested treatment is not medically necessary.

**1 Compound medication (Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.25 in cream base) 30 grams: 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:** The injured worker sustained a work related injury on 9-20-2011. The medical records provided indicate the diagnosis of lumbosacral neuritis, lumbar sprain-strain, degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis. Treatments have included skin grafts, plastic surgery, chiropractic treatment, physiotherapy and medications. Current medications (8-11-2015) included Oxycodone, Ambien, Gabapentin and Atenolol. The medical records provided for review do not indicate a medical necessity for 1 Compound medication (Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.25 in cream base) 30 grams. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the agents in this compounded drug is recommended; therefore, the requested treatment is not medically necessary.

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