

<b>Case Number:</b>	CM15-0191102		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/18/1998
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 36 year old female, who sustained an industrial injury on 11-18-1998. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar sprain and strain, lumbar facet syndrome, status post disc herniation of the lumbar spine with radiculopathy consistent with MRI, L3-L4 and L4-L5 in particular on the right side. Treatment to date has included oral and topical pain medication and chiropractic therapy. There was no documentation of a intolerance to oral pain medication. During the 05-15-2015 and 08-31-2015 office visits, the injured worker reported a flare-up of low back pain with period flare-ups. The severity of pain and effectiveness of prescribed medications for pain was not documented. The injured worker indicated that she had some success with the topical creams and "would like those back if possible". Objective examination findings on 05-15-2015 and 08-31-2015 showed forward flexion about 50 degrees, minimal radicular pain along the right gluteal region to the posterior thigh on the right side, extension to 20 degrees, guarding of muscles and slight tenderness to palpation, myofascial pain, increased antalgic gait favoring the right side, muscle spasticity and guarding in the right lumbosacral region, radiculopathy symptoms on the left side with forward flexion and straight leg raise on the left, 45 degrees of flexion following the L5 dermatome with dermatomal distribution of symptoms down the left lower extremity. Work status was documented as modified. A request for authorization of compound: FBDP - Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base; 210gm and compound (HS) AGBH - Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in cream base; 210gm was submitted. As per the 09-09-2015 the aforementioned requests were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: FBBDP - Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in cream base; 210gm: 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:** Topical NSAID's such as Flurbiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. The record does not indicate that this worker has osteoarthritis or tendinitis for which Flurbiprofen may be indicated. Baclofen is a muscle relaxant. There is no evidence for use of muscle relaxants as a topical product. Dexamethasone is not listed in either the MTUS or ODG as a topical analgesic. Panthenol is a topical form of vitamin B and is not listed in either the MTUS or ODG. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore this compounded product is not medically necessary.

**Compound (HS) AGBH - Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base; 210gm: 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:** Amitriptyline is not listed as a topical analgesic in either the MTUS or ODG. Topical gabapentin is not recommended. Bupivacaine is not mentioned as a topical analgesic in either the MTUS or ODG but lidocaine is and only the patch form is approved and only for peripheral neuropathic pain. The record indicates this worker has radicular pain which is neuropathic pain of central origin and not peripheral. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore this compounded product is not medically necessary.