

<b>Case Number:</b>	CM15-0193445		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Connecticut, California, Virginia  
 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 42-year-old female with a date of injury on 4-1-14. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder and cervical spine pain. Progress report dated 9-9-15 reports continued complaints of left neck pain radiating to the left shoulder area. She completed physical therapy and notes some improvement in pain but still needs a refill of medications. The topical cream helps provide the best symptom control. Objective findings: internal rotation is limited with little discomfort and mild sign of impingement, neck range of motion appears to be within normal range. The use of trans-dermal creams reduces pain by 40-45%, helps maintain function and work, improves sleep and enables her to reduce opiates. According to the medical records, she has been using trans-dermal creams since at least 3-24-15. Treatments include: medication, physical therapy and chiropractic. Request for authorization was made for Amitriptyline 10 percent, gabapentin 10 percent, bupivacaine 5 percent, in cream base apply thin layer 2-3 times daily 210 gm, Flurbiprofen 20 percent, baclofen 10 percent, dexamethasone 2 percent, panthenol 0.5 percent in cream base apply thin layer 2-3 times daily 210 gm. Utilization review dated 9-16-15 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Baclofen 10%/ Dexmethasone 2% and Panthenol 0.5% in cream base to be applied a thin layer three times a day, 210gm: Upheld**

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

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

**Decision rationale:** The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Given the lack of evidence to support topicals like the one requested, the request cannot be considered medically necessary at this time.

**Amitriptyline 10%/ Gabapentin 10%/ Bupicacaine 5% in cream base apply thin layer 2-3 times daily, #210gm: Upheld**

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

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

**Decision rationale:** The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Specifically, topical Gabapentin is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Given the lack of evidence to support topicals like the one requested, the request cannot be considered medically necessary at this time.