

<b>Case Number:</b>	CM15-0193781		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 46-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of May 14, 2014. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced an RFA form received on September 8, 2015 and an associated office visit dated August 18, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated June 10, 2015, the applicant was placed off of work, on total temporary disability, while functional capacity evaluation, acupuncture, MRI study of the multiple body parts, and electrodiagnostic testing were endorsed. On a separate narrative report dated May 6, 2015, the applicant was given prescriptions for Naprosyn, Flexeril, and several topical compounded agents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%/ Diclofenac 10%/ Gabapentin 10%/ Lidocaine 5%, 180 gms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain subsection under medication- compound drugs.

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

**Decision rationale:** No, the request for a flurbiprofen-diclofenac-gabapentin 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, gabapentin, i.e., the tertiary 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. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Naprosyn, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.