

<b>Case Number:</b>	CM15-0194528		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old male who sustained an industrial injury on 9-29-14. The diagnosis is noted as chronic lumbar strain-sprain with a sacroiliac joint impingement on the left and disc protrusion with what appears to be signs consistent with radiculopathy secondary to the annular tear of the disc at L4-L5 with a left sided disc protrusion. In a progress report dated 7-29-15, the physician notes follow-up is for the lumbar spine with complaints of pain rated at 8 out of 10. It is reported that medications reduce pain to a rating of 4 out of 10 as well as improving function, sleep and self care. Objective findings reported are forward flexion to about 40 degrees and extension is limited to 10 degrees with shooting pains in the buttocks area. Pain with deep palpation of the midportion of the spine along the spinous process in the "lumbosacral region and along what appears to be the left sacroiliac joint on the left side, which appears to be impinged and with some difficulty in rotation as well as releasing from the iliac and the sacrum joint compared to the right" is noted. Straight leg raising is reported as negative for radiculopathy. The record reflects Hydrocodone was discontinued due to too many side effects such as itchy rash and nausea and that Tramadol extended release was restarted for intermittent severe pain use. The treatment plan notes refill of the transdermal creams to apply directly to the area of discomfort which is noted to help a lot especially at night when trying to sleep. Previous treatment includes epidural steroid injections (with some reported relief), chiropractic treatment, and oral and topical medication. The treatment plan also notes a referral to pain management to consider another epidural injection and nerve conduction velocity-electromyography. The requested treatment of Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%- Panthenol 0.5% in a cream base #210 grams and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in a cream base #210 grams was denied on 9-4-15.

## 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% in cream base #210 grams:** 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 patient presents with pain affecting the lumbar spine. The current request is for Flurbiprofen 20%/Baclofen 10% / Dexamethasone 2% Panthenol 0.5% in cream base #210 grams. The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "Baclofen: Not recommended." In this case, Baclofen is not recommended as a topical product by the MTUS guidelines. Furthermore, since Baclofen is not recommended, the requested topical compound is not recommended. The current request is not medically necessary.

**Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base #210 grams:** 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 patient presents with pain affecting the lumbar spine. The current request is for Amitriptyline 10% / Gabapentin 10% / Bupivacaine 5% in cream base #210 grams. The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "Gabapentin: Not recommended." In this case, Gabapentin is not recommended as a topical product by the MTUS guidelines. Furthermore, since Gabapentin is not recommended, the requested topical compound is not recommended. The current request is not medically necessary.