

<b>Case Number:</b>	CM15-0206222		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 69-year-old who has filed a claim for chronic low back, hand, and wrist pain reportedly associated with an industrial injury of May 26, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced an August 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant had multifocal complaints of low back, wrist, and knee pain. The applicant was seemingly returned to work. A lumbar corset was prescribed and/or dispensed. Unspecified topical ointments were endorsed. The attending provider also noted the applicant was using oral vitamins in another section of the note.

### 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% in salt stable LS base x 240 gm:**  
 Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for a flurbiprofen-baclofen-dexamethasone-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, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly state what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first line oral pharmaceuticals could not be employed in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical-compounded agent such as the article in question. Therefore, the request was not medically necessary.

**Gabapentin 15%, Cyclobenzaprine 2%, Amitriptyline 10% mineral oil in salt stable LS base x 240 gm:** 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:** Similarly, the request for a gabapentin-cyclobenzaprine-amitriptyline-containing topical compound was likewise 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 primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one of 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. Therefore, the request was not medically necessary.