

Case Number:	CM15-0206275		
Date Assigned:	10/23/2015	Date of Injury:	04/02/2015
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	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 31-year-old who has filed a claim for chronic neck, low back, and foot pain reportedly associated with an industrial injury of April 2, 2015. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve requests for several topical compounded agents. The claims administrator referenced a July 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 4, 2015, the applicant reported ongoing complaints of upper back, low back, arm, and ankle pain, 7/10, with derivative complaints of anxiety, depression, and insomnia. Manipulative therapy, acupuncture, and physical therapy were sought while Cymbalta, Flexeril, and Motrin were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation, which the treating provider suggested the applicant's employer would likely be unable to accommodate, resulting in the applicant's removal from the workplace. On July 31, 2015, the attending provider stated that he was prescribing the applicant unspecified transdermal compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%
180gm Neuropathic pain for moderate pain, inflammation: 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: No, the request for a capsaicin-flurbiprofen-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 concurrent usage of numerous first-line oral pharmaceuticals to include Motrin and Cymbalta, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 20%, Hyaluronic acid 0.1% 180 gm for moderate pain, muscle relaxant, moderate pain: 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 cyclobenzaprine-flurbiprofen-hyaluronic acid 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, muscle relaxants such as cyclobenzaprine, i.e., the primary ingredient in the compound, are 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. Therefore, the request was not medically necessary.