

<b>Case Number:</b>	CM15-0207458		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: 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 neck and shoulder pain reportedly associated with an industrial injury of February 25, 2013 .In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for topical compounded agents. A September 29, 2015 office visit and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On December 22, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was asked to continue tramadol, Neurontin, oral fenoprofen, and Protonix, several of which were renewed and/or continued. On May 27, 2015, 3 different topical compounded agents were endorsed. On June 29, 2015, once again, multiple different topical compounded agents were endorsed.

### 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:**  
 Upheld

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

<http://www.ncbi.nlm.nih.gov/pubmed/12615249> and  
<http://www.ncbi.nlm.nih.gov/pubmed/219662351>.

**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 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 what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as tramadol, Neurontin, fenoprofen, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.

**Amitriptyline 10%/ Gabapentin 10%/Bupivacaine 5% in cream base #210:** 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 an amitriptyline-gabapentin-bupivacaine-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 secondary 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. Therefore, the request was not medically necessary.