

<b>Case Number:</b>	CM15-0023619		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/30/2002
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

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 injured worker is a 58-year-old male, who sustained an industrial injury on August 30, 2002. He has reported lower back pain, numbness and tingling of the left leg, neck pain, left arm numbness, and pain and numbness of the knees and feet. Diagnoses have included right knee tendonitis, left knee internal derangement, left sciatica, and cervicgia. Treatment to date has included medications, physical therapy, knee surgery and back surgery. A progress note dated September 19, 2014 indicates a chief complaint of lower back pain, numbness and tingling of the left leg, neck pain, left arm numbness, and pain and numbness of the knees and feet. The treating physician documented a plan of care that included computed tomography, medications, and topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro compound Camph/Cyclo/Menth/Gaba:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26  
Page(s): 111-113.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Retro compound Camph/Cyclo/Menth/Gabapentin topical cream is not medically necessary.