

<b>Case Number:</b>	CM15-0024771		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	12/30/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/15/2015
<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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female who reported an injury on 12/30/2005. The mechanism of injury involved a motor vehicle accident. The current diagnoses include lumbar radiculopathy, chronic headaches, and status post dental trauma. On 02/02/2015, the injured worker presented for a pain management re-evaluation. The injured worker reported neck pain, low back pain, left shoulder and elbow pain, bilateral hip pain, and ongoing occipital headaches. Upon examination of the cervical spine, there was spinal vertebral tenderness in the C4-7 levels, tenderness noted upon palpation at the bilateral paravertebral C4-6 area, slightly to moderately limited range of motion, increased pain with flexion and extension, and decreased motor examination in the bilateral upper extremities. Examination of the lumbar spine revealed paravertebral muscle spasm, tenderness at the L4-S1 levels, moderately limited range of motion secondary to pain, and significantly increased pain with flexion and extension.

Recommendations at that time included a continuation of the current medication regimen and home exercise program as well as a cervical epidural steroid injection. A Request for Authorization form was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10 Percent/ Amitriptyline 10 Percent/ Bupivacaine 5 Percent in Cream Base 30 Day Supply:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to supports its use. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

**Flurbiprofen 20 Percent/ Baclofen 5 Percent/ Dexamethasone 2 Percent/ Menthol 2 Percent/ Camphor 2 Percent/ Capsaicin .025 Percent in Cream Base 30 Day Supply:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Capsaicin in a 0.025% formulation is recommended for osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.