

Case Number:	CM15-0211550		
Date Assigned:	10/30/2015	Date of Injury:	11/03/2013
Decision Date:	12/11/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on November 03, 2013. The worker is being treated for: low back pain consistent with lumbar strain; post laminectomy syndrome, and injury to lumbosacral plexus. Subjective: June 26, 2015, July 23, 2015, she reported complaint of low back pain. June 30, 2015 she reported pain intensity rating of "7" out of ten. August 07, 2015 she reported chief complaint of low back pain persisting over two years. She reports the pain is worse now. Objective: June 26, 2015, July 23, 2015, August 07, 2015 noted lumbar spine with pain over the intervertebral spaces (discs) upon palpation; also with lumbar extension, left lateral flexion caused pain. There is note of a positive SLR bilaterally at 60 degrees. Diagnostic: MRI, EMG NCV, UDS. Medication: Tried medications: Hydrocodone, Vicodin. June 26, 2015: prescribed initiating Norco 5mg 325mg. July 10, 2015: initiated compound topical cream to regimen. July 23, 2015: added Neurontin 600mg to regimen. August 07, 2015 not taking medication; given sample of compound topical cream. Treatment: July 30, 2015 lumbar TESI which "cut pain more than 30% for 5 days, and ADLs seems to have improved since last injection;" acupuncture, and physical therapy; pain management, July 31, 2015 injection under sedation transforaminal epidural injections, activity modification, home exercise program, DME back brace. On September 18, 2015 a request was made for compound topical cream containing ketamine 10%, Flurbiprofen 10%, Gabapentin 6%, Baclofen 2%, and Flexeril 2% that was noncertified by Utilization review on September 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamin 10%, Flurbiprofen 10%, Gabapentin 6%, Licocaine 2%, Baclofen 2%
Cyclobenzaprine 2% Compound Cream: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant had been on oral analgesics as well. Since the compound above contains these topical medications, the compound in question is not medically necessary.