

<b>Case Number:</b>	CM15-0215290		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 40 year old male, who sustained an industrial injury on April 26, 2013, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatment included anti-inflammatory drugs, pain medications, proton pump inhibitor, cane for mobility and urine drug screening. Currently, the injured worker complained of constant low back pain radiating to the left leg. He noted stabbing, throbbing low back pain rated 7 out of 10 on a pain scale from 0 to 10, aggravated by prolonged standing. Upon examination, there was decreased lumbar range of motion, and tenderness in the lumbar region. On October 2, 2015, the injured worker was ordered on topical analgesic creams for inflammation, muscle tightness and neuropathy. The injured worker noted that the medicated creams were helping with pain control and less oral pills were taken. The treatment plan that was requested for authorization included prescriptions for two topical analgesic compound creams. On October 22, 2015, a request for prescriptions for two topical compound creams was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% - 180gms:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that only FDA/Guideline supported agents are recommended and any compound that includes an unsupported agent(s) is not recommended. The Guidelines specifically state that topical Gabapentin is not recommended and there is no support for topical Amitriptyline and not support for topical Bupivacaine for chronic pain. There are no unusual circumstances to justify an exception to Guidelines. The Compound Cream: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% - 180gms is not supported by Guidelines and is not medically necessary.

**Compound Cream: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25% - 180gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that only FDA/Guideline supported agents are recommended and any compound that includes an unsupported agent(s) is not recommended. The Guidelines specifically state that topical muscle relaxants (Baclofen) are not recommended and there is no Guidelines support for topical steroids (Dexamethasone) or Flurbiprofen. There are no unusual circumstances to justify an exception to Guidelines. The Compound Cream: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25% - 180gms is not supported by Guidelines and is not medically necessary.