

<b>Case Number:</b>	CM15-0219396		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: 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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 3, 2014. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced a September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a work status report dated October 29, 2015, the applicant reported ongoing issues with shoulder pain. The applicant was placed off of work, on total temporary disability. On October 9, 2015, the applicant was placed off of work, on total temporary disability, in anticipation of pending shoulder surgery, the treating provider reported. Medication selection and medication efficacy were not seemingly discussed or detailed. On September 11, 2015 RFA form, difficult to follow, not entirely legible, the topical compounded agents in question were seemingly endorsed, without much supporting rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flubiprofen 20% Baclofen 10% Dexamethasone 2% in salt stable LS base #240 grams (DOS 09/11/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 topical compounded flurbiprofen-baclofen containing agent, 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 ingredient in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The treating provider's handwritten September 11, 2015 RFA form, furthermore, failed to outline why what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals cannot be employed in favor in the what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. Therefore, the request was not medically necessary.

**Retrospective Gabapentin 15% Cyclobenzaprine 2% Amitriptyline 10% in salt stable LS base #240 grams (DOS 09/11/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Similarly, the request for a gabapentin-cyclobenzaprine containing 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 primary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.