

<b>Case Number:</b>	CM15-0044867		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 56-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of anxiety and psychological stress reportedly sustained on September 14, 2010. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve a request for a topical compounded cream. An RFA form dated January 27, 2015 and a progress note of November 7, 2014 were referenced in the determination. The applicant was status post earlier lumbar spine surgery, the claims administrator incidentally noted. The applicant's attorney subsequently appealed. On February 18, 2014, the applicant reported ongoing complaints of low back pain. The applicant was placed off of work, on total temporary disability. Medication selection and medication efficacy were not detailed on this occasion. On November 4, 2014, the applicant was in fact given prescriptions for Naprosyn and several topical compounded medications. Ongoing complaints of 7/10 low back pain with ancillary complaints of depression were reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for compound creams amitriptyline/bupivacaine/gabapentin/panthrol, baclofen and dexametasone/flurbiprofen/pantheol:** Upheld

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

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

**Decision rationale:** No, the topical compounded amitriptyline-bupivacaine-gabapentin containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.