

<b>Case Number:</b>	CM15-0045508		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/24/2015
<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: 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 33 year old male, who sustained an industrial injury on 5/28/2009. The diagnoses have included chronic low back pain and radiculopathy lumbar region. Treatment to date has included lumbar spinal fusion and an intrathecal pain pump. According to the progress report dated 2/17/2015, the injured worker presented for follow-up of chronic thoracic and lumbar spine pain. The injured worker appeared extremely depressed with a flat affect. Exam of the thoracic spine revealed tenderness from T5-T10. Exam of the lumbar spine revealed tenderness to palpation of the L3-4, L4-5 and L5-S1 levels with complaint of radicular discomfort in the right lower extremity. Right lower extremity weakness was noted. The injured worker had a moderately antalgic gait. The injured worker's pain pump was refilled and reprogrammed with an increase in daily dosage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Topical compound medication (Lidocaine, Amitriptyline, Ketoprofen, Gabapentin, Baclofen and versa Base) 240grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**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 topical Baclofen as well as topical Gabapentin are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.