

<b>Case Number:</b>	CM15-0046521		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 61-year-old who has filed a claim for chronic neck, shoulder, and back pain reportedly associated with an industrial injury of September 5, 2014. In a Utilization Review report dated February 18, 2015, the claims administrator failed to approve request for several topical compounded medications. A progress note and RFA form of January 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant reported multifocal complaints of neck, shoulder, midback, low back, elbow, wrist, and hand pain. The applicant had undergone earlier spine surgery, it was acknowledged. Acupuncture, myofascial release therapy, electrical stimulation, infrared therapy, diathermy, Tylenol No. 3, and multiple topical compounded medications was addressed while the applicant was kept off work, on total temporary disability. A lumbar support was also furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 15 percent/Cyclobenzaprine 2 percent/Baclofen 2 percent/ Lidocaine 5 percent 180gm; Refills: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** No, the topical compounded flurbiprofen-cyclobenzaprine-baclofen agent was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, 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 Tylenol No. 3 effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

**Lidocaine 6 percent /Gabapentin 10 percent/ Ketoprofen 10 percent 180gm; Refills: 2:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** Similarly, the lidocaine-gabapentin-ketoprofen 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, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.