

<b>Case Number:</b>	CM15-0062270		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 15, 2000. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for a topical compounded medication. A variety of non-MTUS references were invoked. The claims administrator referenced a RFA form received on March 11, 2015 in its determination. The applicant's attorney subsequently appealed. In a March 11, 2015 RFA form, the topical compounded agent in question was endorsed. In an associated progress note dated March 4, 2015, the applicant reported ongoing issues with neck, upper back, and wrist pain reportedly attributed to cumulative trauma at work. The topical compounded agent was endorsed. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm ActiveMax (compounded ointment), 1.6gm to pain area up to 5 times daily, with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics.

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

**Decision rationale:** No, the request for a topical compounded flurbiprofen-cyclobenzaprine-gabapentin-lidocaine-prilocaine compound was 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. 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. The attending provider, it was further noted, failed to outline a clear or compelling case for provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question in favor of first-line oral pharmaceuticals. Therefore, the request is not medically necessary.