

<b>Case Number:</b>	CM15-0063129		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 24-year-old male, who sustained an industrial injury on 1/14/2015. The medical records submitted for this review did not include the details regarding the initial injury or reference the prior treatments to date. Diagnoses include lumbar sprain/strain. Currently, he complained of constant low back pain rated 7/10 associated with stiffness, numbness, and weakness. On 3/11/15, the physical examination documented a positive straight leg raise test on the right side. Lumbar tenderness and muscle spasms were noted. The plan of care included continuation of medication therapy including a topical compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro FBC Flurbi20 percent Baclo 5 percent Dexa2 percent Ment2 percent Cam2percentCapsai.025 percent cream 30g/72 hr #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

**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 Baclofen are not recommended due to lack of evidence. In addition, the progress notes did not indicate the claimant failed other forms of analgesics. The claimant was using Motrin for pain as well. The compound in question contains an NSAID, which would duplicate the medication class used for pain. Topical NSAIDS have absorption that can equal oral medication. Since the compound above contains topical Baclofen, the compound in question is not medically necessary.

**Retro GCB Gaba 10 percent Cycloben 6 percent Bupivac 5 percent cream base 30g/72 hr #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, 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 Cyclobenzaprine as topical Gabapentin are not recommended due to lack of evidence. In addition, the progress notes did not indicate the claimant failed other forms of analgesics. The claimant was using Motrin for pain as well. The compound in question contains an NSAID that would duplicate the medication class used for pain. Topical NSAIDS have absorption that can equal oral medication. Since the compound above contains these topical medications, the compound in question is not medically necessary.