

<b>Case Number:</b>	CM15-0085243		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 47 year old male, who sustained an industrial injury on September 10, 2009, incurring neck and shoulder injuries. He was diagnosed with cervical radiculopathy, adhesive capsulitis of the left shoulder, right bicipital tenosynovitis, and right shoulder impingement syndrome. Treatment included pain medications, anti-inflammatory drugs, massage therapy, topical analgesic compound creams, anti-anxiety medications and antidepressants and work restrictions. Currently, the injured worker complained of ongoing neck pain, left shoulder, and left scapula pain radiating into the left arm down into the fingers. He complained of continuous increased muscle spasms in the neck and upper extremities. Activities and the use of his left upper extremity increased the pain. Cervical Magnetic Resonance Imaging performed in October, 2013, revealed cervical disc protrusions and degenerative changes. The treatment plan that was requested for authorization included a prescription for compound medication retrospectively given on December 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (12/18/2014) Compound Medication: Flurbiprofen/Gabapentin/Lidocaine/Lipoderm #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical lotion or gel, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically necessary.

**Retrospective (12/18/2014) Compounding medication: Tramadol/Baclofen/Lipoderm #180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Baclofen is not recommended as a topical lotion or gel, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically necessary.

**Retrospective (12/18/2014) Compound medication: Ketamine/Gabapentin/Amitriptyline/Clonidine #180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical lotion or gel, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically necessary.