

<b>Case Number:</b>	CM14-0121520		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 37 year old female with a date of injury of November 18, 2009. She is said to have lumbar axial pain with bilateral S1 distribution 3/10 intensity. Exam was positive for paraspinal back tenderness and a straight leg raise test. She has diminished strength in her bilateral plantar flexion. A lumbar spine magnetic resonance imaging scan shows L4-5 and L5-S1 degenerative disc disease with facet arthropathy. An electromyogram of the lower extremities in December 2010 was consistent with a right S1 radiculopathy. She is diagnosed with lumbosacral radiculopathy, lumbosacral pain, and depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3.8% Bupivacaine neuropathic cream 7.6 % Gabapentin, 3.8% Baclofen, 3.8% Cyclobenzaprine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation ODG Pain, last updated 7/10/14, compound drugs

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

**Decision rationale:** Regarding topical analgesics, the Medical Treatment Utilization Schedule guidelines state that topical analgesics are recommended as an option although they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Medical Treatment Utilization Schedule guidelines also state that if one drug (or drug class) in the compounded product is not recommended, then the entire compound is not recommended. The medications Gabapentin and Baclofen are not medically recommended. There is no peer-reviewed literature to support their use. Therefore, the requested service is not considered medically necessary.