

<b>Case Number:</b>	CM14-0142704		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/13/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 13, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and topical compounded drugs. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a January 9, 2014 progress note, the applicant presented with chronic low back pain complaints. The applicant was given refills of Norco, Relafen, Flexeril, and Neurontin. Epidural steroid injection therapy was sought. The applicant received lumbar rhizotomy procedure on November 5, 2013. Multiple medications, including Relafen, Norco, and Neurontin, were renewed on this date. The topical compounded drug at issue was apparently sought on August 7, 2014. The applicant reported persistent complaints of low back pain on that date. A variety of medications, including Norco, Relafen, Flexeril, Neurontin, and Prilosec were also renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 5%, Gabapentin 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%, Menthol 1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, both gabapentin and baclofen, two of the constituents in the compound at issue, are deemed "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 numerous first-line oral pharmaceuticals, including gabapentin, Norco, Relafen, Flexeril, etc., effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request for Diclofenac 5%, Gabapentin 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%, Menthol 1% is not medically necessary.