

<b>Case Number:</b>	CM14-0164334		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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] who has filed a claim for chronic neck pain, low back pain, shoulder pain, elbow pain, wrist pain, hand pain, knee pain, ankle pain, foot pain, and headaches reportedly associated with a cumulative trauma at work between the dates May 19, 2010 through May 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for a topical compounded medication. The applicant's attorney subsequently appealed. In a March 29, 2014 progress note, the applicant was asked to remain off of work, on total temporary disability, owing to multifocal pain complaints. Topical compounds were renewed, along with physical therapy. Other unspecified oral medications were also renewed. Several of the topical compounds at issue were also apparently endorsed, on March 12, 2014, along with a lumbar support, functional capacity evaluation, physical therapy, and rather proscriptive 5-pound lifting limitation, which the applicant's employer was apparently unable to accommodate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin / Amitriptyline / dextromorphan / cyclobenzaprine / flurbiprofen / tramadol.:**  
Upheld

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

**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, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider failed to outline why first-line oral pharmaceuticals could not be employed here in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the article at issue. Therefore, the request is not medically necessary.