

<b>Case Number:</b>	CM14-0157120		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 June 25, 2010. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a topical compounded gabapentin containing compound dispensed on July 17, 2014. The applicant's attorney subsequently appealed. In a June 16, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was not working, it was suggested. The note was very difficult to follow and mingled old complaints with current complaints. The applicant was apparently given a back brace. The applicant had derivative complaints of depression, it was noted. The applicant was using Flexeril, Menthoderm, Naprosyn, Norco, Neurontin, Paxil, Prilosec, and topical compounded Terocin, it was further acknowledged. On August 11, 2014, the applicant reported persistent complaints of low back pain. The applicant was again given work restrictions, which apparently were not accommodated by the applicant's employer. The applicant's medications included Norco, Paxil, Flexeril, Naprosyn, Prilosec, and Neurontin, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaba/Keto/Lido 120ml (Transdermal Compound): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended. It is further noted that the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Naprosyn, Neurontin, Flexeril, Norco, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent. Therefore, the request is not medically necessary.