

<b>Case Number:</b>	CM14-0211514		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/01/1976
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Georgia, California, Texas

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:

Injured worker (IW) sustained an industrial injury on 07/11/03. She is s/p anterior cervical discectomy and fusion. In an 11/05/14 office note the primary treating physician documented complaints of pain in the cervical spine, left shoulder, and left hand. IW reported that current medications (Norco, lorazepam, Ambien, and Paxil) were helping. Neck and left shoulder tenderness were noted. Left grip strength was decreased. Medications were refilled and a compounded topical medication was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Gabapentin, Cyclobenzaprine, Ketoprofen, Capsaicin, Menthol, Camphor 0.375/5.2% cream:** 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:** MTUS does not recommend topical gabapentin or topical muscle relaxants such as cyclobenzaprine. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 1 prescription of Gabapentin, Cyclobenzaprine, Ketoprofen, Capsaicin, Menthol, Camphor 0.375/5.2% cream is not medically necessary.