

<b>Case Number:</b>	CM14-0213496		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: California, Illinois  
Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 53-year-old male with a 9/27/13 date of injury. At the time (12/8/14) of the Decision for Gab/Lid/Aloe/Cap/Men/Cam Patch 10 Percent 2 Percent .5 Percent .025 Percent 10 Percent 5 Percent Gel #120 and Lidocaine/Hyaluronic Patch 6 Percent .2 Percent CRM #120, there is documentation of subjective (thoracic and low back pain, the pain radiates into his legs) and objective (tenderness and spasms, reduced range of motion) findings, current diagnoses (lumbago and thoracic disc displacement), and treatment to date (medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gab/Lid/Aloe/Cap/Men/Cam Patch 10 Percent 2 Percent .5 Percent .025 Percent 10 Percent 5 Percent Gel #120: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbago and thoracic disc displacement. However, the requested Gab/Lid/Aloe/Cap/Men/Cam Patch 10 Percent 2 Percent .5 Percent .025 Percent 10 Percent 5 Percent Gel #120 contains at least one drug (Gabapentin and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gab/Lid/Aloe/Cap/Men/Cam Patch 10 Percent 2 Percent .5 Percent .025 Percent 10 Percent 5 Percent Gel #120 is not medically necessary.

**Lidocaine/Hyaluronic Patch 6 Percent .2 Percent CRM #120:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbago and thoracic disc displacement. However, the requested Lidocaine/Hyaluronic Patch 6 Percent .2 Percent CRM #120 contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine/Hyaluronic Patch 6 Percent .2 Percent CRM #120 is not medically necessary.