

<b>Case Number:</b>	CM15-0018536		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/10/2005
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2015

### 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: Texas, Ohio, California

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 10, 2005. In a utilization review report dated January 26, 2015, the claims administrator failed to approve a request for a topical compounded medication. The applicant's attorney subsequently appealed. In an earlier note dated November 14, 2014, the applicant reported ongoing complaints of low back pain. The applicant was not working or receiving disability benefits, it was further noted. The applicant was also using Motrin for pain relief, in addition to unspecified topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Compound pain cream 240gm with 5 refills: Diclofenac, Gabapentin, Baclofen 2%, Cyclobenzaprine 2%, Fluticasone 1%: 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 Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9.

**Decision rationale:** 1. No, the topical compounded diclofenac - gabapentin - baclofen compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound at issue, is 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 first-line oral pharmaceuticals such as ibuprofen (Motrin) effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems to be "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.