

<b>Case Number:</b>	CM15-0112567		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 64-year-old female, who sustained an industrial injury on 11/17/2014. She reported falling onto her knees and rolling onto her right side. Diagnoses have included lumbar sprain/strain, right knee sprain/strain and left knee sprain/strain. Treatment to date has included chiropractic treatment, physical therapy and medication. According to the progress report dated 4/29/2015, the injured worker complained of low back pain rated 7/10. She complained of right knee pain rated 7/10 and dull left knee pain and weakness. She also complained of stabbing right ankle pain rated 6/10. Exam of the lumbar spine revealed tenderness to palpation of the L3-S1 spinous processes and lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Exam of the bilateral knees revealed tenderness to palpation. Exam of the right ankle revealed tenderness to palpation of the ankle and heel. The injured worker was temporarily totally disabled. Authorization was requested for compound medication (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base) 240 grams and compound medication (Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5% in cream base) 240 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Compound Medication (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base) 240 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 72, 113, 113, 55.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the Compound Medication (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base) 240 grams is not medically necessary.

**1 Compound Medication (Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5% in cream base) 240 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 72, 113, 112, 55.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Bupivacaine and gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the Compound Medication (Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5% in cream base) 240 grams is not medically necessary.