

<b>Case Number:</b>	CM15-0115851		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/28/1988
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, New York, 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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 28, 1988. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve multiple topical compounded medications. The claims administrator referenced an RFA form of May 7, 2015 and a progress note of April 22, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of May 7, 2015, physical therapy and a lumbar selective nerve root block were sought. There was no mention of the topical compounded agents in question. Several topical compounds in question were sought via a bill dated April 22, 2015. An associated progress note of April 15, 2015, however, made no mention of medication selection or medication efficacy but, rather, noted that the applicant had undergone earlier failed lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 6 Gram, Lidocaine 1.5 Gram, Versapro Base Cream 22.5 Gram: 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): 111-112.

**Decision rationale:** No, the request for a flurbiprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs for treatment of the spine, i.e., the primary pain generator here. Since the flurbiprofen component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Gabapentin 3 Gram, Amitriptyline 1.5 Gram, Capsaicin .0075 Gram, Versapro Base Cream 25.49 Gram:** 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:** Similarly, the request for a gabapentin-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. 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 is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Cyclobenzaprine 3 Gram, Lidocaine .6 Gram, Versapro Base Cream 26.4 Gram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Finally, the request for a cyclobenzaprine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, are 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. The attending provider did not, furthermore, furnish a clear or compelling rationale for selection, provision, and/or ongoing usage of this and other

compounded agents via the April 22, 2015 bill. Multiple progress notes, referenced above, did not contain any discussion of medication selection and/or medication efficacy. A clear rationale for provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals was not furnished. Therefore, the request was not medically necessary.