

Case Number:	CM15-0117481		
Date Assigned:	06/25/2015	Date of Injury:	08/31/1999
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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 57-year-old female who sustained an industrial injury on 08/31/99. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies are not addressed. Current complaints include neck and right shoulder pain. Current diagnoses include cervical degenerative spondylosis, lumbosacral strain, and right shoulder pain. In a progress note dated 04/10/15 the treating provider reports the plan of care as a right shoulder subacromial injection on the date of service, as well a topical compound of baclofen/gabapentin/amitriptyline/bupivacaine/dextromethorphan/flurbiprofen. The requested treatments include a topical compound of baclofen/gabapentin/amitriptyline/bupivacaine/dextromethorphan/flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Baclofen/Gaba/Amitriptyline/Bupivacaine/Dext/Flur 2%, 6%, 3%, 5%
 240gm: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics creams. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical analgesics.

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 Amitriptyline 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 use of the cream Baclofen/Gaba/Amitriptyline/Bupivacaine/Dext / Flur 2%, 6%, 3%, 5% 240gm is not medically necessary.