MAXIMUS Federal Services

| Case Number: | CM15-0118694 | | |
|---|---|---|---|
| Date Assigned: | 06/29/2015 | Date of Injury: | 07/17/2013 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

## 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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 17, 2013. In a Utilization Review report dated June 13, 2015, the claims administrator failed to approve requests for several topical compounded medications. The claims administrator referenced an RFA form received on June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On June 24, 2014, it was acknowledged that the applicant was off of work, on total temporary disability. On July 3, 2014, it was again noted that the applicant had ongoing complaints of low back pain, exacerbated by walking, bending, and lifting. The applicant was on Relafen, Prilosec, and Terocin patches, it was acknowledged. The applicant was off of work at this point in time, it was reported. On April 8, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Multiple topical compounded medications and oral suspensions were endorsed, along with extracorporeal shockwave therapy. The applicant was placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm:** 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:** No, the request for a capsaicin-flurbiprofen-gabapentin containing topical 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 tertiary 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. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including Relafen, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers largely experimental topical compounds such as the agent in question. Therefore, the request was not medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm:** 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:** Similarly, the request for a cyclobenzaprine-gabapentin-amitriptyline 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. Therefore, the request was not medically necessary.