

<b>Case Number:</b>	CM15-0119823		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Massachusetts  
 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 injured worker is a 70-year-old male, who sustained an industrial injury on 1/30/2015. He reported injury to his neck, back, left shoulder, and left thumb, while attempting to restrain a combative person. The injured worker was diagnosed as having left hand and wrist tendinopathy and thumb carpometacarpal strain, C5-C6 and C6-C7 discopathy with cervical strain, and L3-L4 and L4-L5 discopathy with lumbar strain. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of pain in his cervical spine, radiating to his left shoulder. He had difficulty sleeping due to pain. His shoulder pain was accompanied by limited range of motion, weakness, instability, and locking and popping. He described his left thumb pain with radiation to the top of his left hand, with weakness and dropping items. He had constant low back pain with radiation to his lower extremities, with numbness and burning in his quadriceps. He also reported weakness in his lower extremities, intermittent right foot pain, and sexual dysfunction. He was currently working modified duties per his older dates of injuries. His current medication regimen was not noted. The treatment plan included oral medications and topical compounded medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% cream, quantity: 240gm: 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 analgesic Page(s): 112-119.

**Decision rationale:** According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine and gabapentin are not recommended as a compounded agent as they can be safely taken orally. Consequently, continued use of the above listed compounded agent is not supported at this time and not medically necessary.