

<b>Case Number:</b>	CM15-0171867		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old female who reported an industrial injury on 10-8-2010. Her diagnoses, and or impression, were noted to include: history of lumbosacral spine disc protrusions, per patient; status-post lumbar spine fusion, per patient; bilateral hip sprain-strain versus lumbar radiculitis; an situational depression. No current imaging studies were noted. Her treatments were noted to include: computed tomography studies (10-8-10); x-rays of the lumbosacral spine; and rest from work. The Doctor's First Report of Injury notes of 3-30-2015 reported the gradual development of back pain, bilateral hip pain and depression with anxiety. The objective findings were noted to include: tenderness to the bilateral lumbar para-spinal muscles, sacroiliac joints, sciatic notch, posterior iliac crests, and gluteal muscles, along with spasms to the lumbar bilateral paraspinal and gluteus muscles; positive straight leg raise with decreased lumbar range-of-motion; tenderness to the bilateral hips; decreased left knee and ankle deep tendon reflexes; decreased strength to the right lower extremity; decreased strength to the right anterolateral thigh, anterior knee, medial leg and foot, lateral thigh, anterolateral leg and mid-dorsal foot. The physician's requests for treatments were noted to include applying a thin layer of 2 different compound creams, 2 to 3 times a day as needed. The Request for Authorization, dated 3-30-2015, was noted to include 2 compound creams. The Utilization Review of 8-24-2015 non-certified the request for 2 compound creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream Amit 10%/Gaba 10%/Bupi 5%/Hyal 2% 210 gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

**Compound cream Flurb 20%/Baclo 5%/Camp 2%/Ment 2%/Dexa 0.2%/Caps 0.025%/Hyal 0.2% 210 gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

