MAXIMUS Federal Services

| Case Number: | CM15-0021334 | | |
|---|---|---|---|
| Date Assigned: | 02/10/2015 | Date of Injury: | 08/03/2012 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

## 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 knee, leg, and low back pain reportedly associated with an industrial injury of August 3, 2012. In a Utilization Review report dated January 6, 2015, the claims administrator denied a topical compounded medication. A November 25, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 25, 2014, an echocardiogram, pain management consultation, neurosurgery referral, psychological consultation, and unspecified topical compounds were endorsed. A rather proscriptive 25-pound lifting limitation was issued. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant did also report multiple complaints of low back, knee, hip, foot, and ankle pain. The applicant's complete medication list was not detailed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.0375%/ Menthol 5%/ Camphor 2%/ Gabapentin 10%/ Cyclobenzaprine 4% 240 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** No, the request for a capsaicin-menthol-camphor-gabapentin-cyclobenzaprine compound is not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic 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 attending provider handwritten documentation and pre-printed checkboxes did not set forth any clear or compelling rationale for selection 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 first-line oral pharmaceuticals. Therefore, the request is not medically necessary.