

<b>Case Number:</b>	CM15-0046648		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 40-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of May 14, 2014. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve a request for several topical compounded medications. An RFA form received on January 27, 2015 was referenced in the determination. The claims administrator framed the request as a retrospective request for compounds dispensed on January 9, 2015. The applicant's attorney subsequently appealed. In a pharmacy bill dated January 19, 2015, the dispensing pharmacy sought retrospective authorization for several topical compounded medications. No clinical progress notes were attached to the same. In an earlier medical progress note dated September 12, 2014, the applicant reported ongoing complaints of low back pain. The applicant was placed off of work, on total temporary disability. The applicant was using Motrin, aspirin, Prilosec, and Amoxil, it was stated at that point. In a January 6, 2015 progress note, the applicant again reported ongoing complaints of neck and low back pain and was, once again, placed off of work, on total temporary disability, while eight sessions of acupuncture were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective - Topical Compound: Capsaicin, Dexamethasone, Menthol, Camphor, Balcofen, Flurbiprofen (DOS: 01/09/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** No, the topical compounded capsaicin-dexamethasone-menthol-camphor-baclofen-flurbiprofen compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, one of the ingredients in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Retrospective - Topical Compound: Panthenol, Bupivacaine, Gabapentin, Amitriptyline (DOS: 01/09/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Similarly, the topical compounded panthenol-bupivacaine-gabapentin-amitriptyline compound was likewise 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 various first-line oral pharmaceuticals, including ibuprofen, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.