

<b>Case Number:</b>	CM15-0070052		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 (IW) is a 35-year-old male who sustained an industrial injury on 08/05/2014. Diagnoses include lumbar sprain/strain. Treatment to date has included medications. According to the PR2 dated 2/11/15, the IW reported stabbing low back pain with stiffness and heaviness rated 6.5/10. The lumbar paravertebral muscles and sacroiliac joints were tender to palpation. A request was made for medication: Gabapentin 10%, Cyclobenzaprine 6% and Bupivacaine in cream base and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2% and Capsaicin 0.025% in cream base.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Gabapentin, Cyclobenzaprine, Bupivacaine in Cream 10%,6%:** 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 analgesics.

**Decision rationale:** Guidelines state that the use of topical agents in the treatment of chronic pain is largely experimental. In addition, any compounded product that contains at least one drug that is not recommended is not recommended. Since cyclobenzaprine and gabapentin are not recommended for use as a topical agent, the requested compound is not medically appropriate and necessary.

**Flubiprofen, Baclofen, Dexamethasone, Menthol, Cam 20%, 5%, 2%,2%,2%,0.02:** 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 analgesics.

**Decision rationale:** Guidelines state that the use of topical agents in the treatment of chronic pain is largely experimental. In addition, any compounded product that contains at least one drug that is not recommended is not recommended. Since baclofen is not recommended for use as a topical agent, the requested compound is not medically appropriate and necessary.