

<b>Case Number:</b>	CM13-0008396		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2000
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	07/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old female with date of injury of 01/14/2000. The progress report dated 06/11/2013 by [REDACTED] indicated that the patient's diagnoses include: 1. Myalgia and myositis, NOS. 2. TMJ disorder, NOS. 3. Sicca syndrome. The patient continues with total body pain, chronic fatigue, and problems sleeping. Exam findings included normal neurologic examination, no new joint swelling, tenderness in the lumbar spine, and bilateral wrist tenderness. The patient was prescribed topical cream which included flurbiprofen and lidocaine. The Utilization Review letter dated 07/07/2013 denied the topical cream as it contained medication that is not approved by the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Compound cream - Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Camphor 1%, 31 d/s QTY: 1:** 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:**

