

<b>Case Number:</b>	CM13-0013356		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	08/02/1999
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Family Practice and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 08/02/1999. The mechanism of injury was not provided in the medical records. The patient's initial and ongoing course of treatment was not provided in the medical records. Her current diagnoses include chronic pain syndrome, myalgia and myositis, cervical disc displacement, and RSD of an unspecified lower limb. The patient has continuous complaints of chronic generalized pain, chronic fatigue, and problems sleeping. The most recent clinical note submitted for review is dated 05/23/2013 and fails to provide a complete current medication list; however, there was mention of an unspecified topical analgesic and Lunesta 3 mg at bedtime. The only other objective information provided was a decreased sensation to the bilateral hands and wrists at the volar aspect of the thumb, index, and middle fingers. No other clinical notes were submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% x 180 cream:**  
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 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines recommend topical analgesics to treat neuropathic or osteoarthritic pain. Guidelines note that any compounded product that contains at least 1 drug that is not recommended renders the entire product not recommended. For this particular compounded cream, a formulation of lidocaine 5% is used. However, guidelines state that topical lidocaine is only approved in the formulation of a dermal patch, and creams, lotions, or gels are not approved for use. Due to the non-recommendation of lidocaine in the mixture of the requested medication, use of the entire cream is not recommended. As such, the request for Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% x 180 cream (Retrospective review for 2/28/13 and 5/1/13 is non-certified).