

Case Number:	CM13-0018236		
Date Assigned:	10/11/2013	Date of Injury:	07/27/2007
Decision Date:	01/02/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

58 year old male with 7/27/07 injury from a fall 20 ft. ladder suffering from chronic knee, ankle, shoulder neck and low back pains. The patient has had lumbar surgery as well as ankle and knee surgeries. The treater report from 8/6/13 does not discuss the compounded cream. The patient is on Lidoderm 5% patches along with other medications. On 8/2/13, UR denied the compounded cream citing that any compound that contains at least one drug that is not recommended, is not recommended. There were no recommendations for the use of Flurbiprofen in compounding. 8/20/13 note by the Orthopedist talks about referral to pain management Dr. [REDACTED]. On 6/14/13, Dr. [REDACTED]'s note does request authorization for the compounded cream in question for right lower extremity indicating that the patient suffers from neuropathic pain, given side effects from use of oral gabapentin which the patient is still using. The patient has side effects from Tramadol as well. In addition, Lidoderm 5% patches are to be used for right lower extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of compounded Flurbiprofen 10%/Cyclobenzaprine 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2% and Lipoderm Activemax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: The Physician Reviewer's decision rationale: Flurbiprofen found in this compound topical cream is an NSAID. MTUS does not support NSAID topical cream for neuropathic pain. Flexeril is a muscle relaxant. MTUS specifically does not allow for the use of muscle relaxant as a topical product. When one or more compound is not recommended, then the entire compounded product is not recommended per the MTUS. The request for prescription of compounded Flurbiprofen 10%/Cyclobenzaprine 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2% and Lipoderm Activemax is not medically necessary and appropriate.