

<b>Case Number:</b>	CM13-0026824		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/07/1997
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 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. 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 62 YO, M with a date of injury on 4/7/97. The progress report, dated 9/17/13 by [REDACTED], noted that the patient continued with total body pain, chronic fatigue, problems sleeping. Exam findings include fibromyalgia tender points 18/18 and 4+, no new joint swelling, normal neurologic examination. The patient's diagnoses include: osteoarthritis multiple sites; myalgia and myositis NOS; extrapyramidal dis NEC. The records indicate that the treating provider has requested multiple compounded topical medications for this patient. The medical reports dated 6/20/13, 9/5/13, 11/22/13, and 10/22/13 were also reviewed. The records do not appear to indicate that the patient suffers from neuropathic pain and no documentation of failed trials of antidepressants and anticonvulsants for neuropathic pain have been provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication-Topical flurbiprofen powder 7.5gm; menthol levo crystals 1.5mg; camphor 0.3 gm; Lidocaine powder 1.5mg; and PCCA Lipoderm Base 19.19gm.: 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:** The progress report, dated 9/17/13 by [REDACTED], noted that the patient continued with total body pain, chronic fatigue, problems sleeping. Exam findings included fibromyalgia tender points 18/18 and 4+, no new joint swelling, normal neurologic examination. The patient's diagnoses include: osteoarthritis multiple sites; myalgia and myositis NOS (not otherwise specified); extrapyramidal dis NEC. The records indicate that the treating provider has requested multiple compounded topical medications for this patient. The records dated 6/20/13, 9/5/13, 11/22/13, and 10/22/13 were also reviewed. The records do not appear to indicate that the patient suffers from neuropathic pain and no documentation of failed trials of antidepressants and anticonvulsants for neuropathic pain have been provided. The requested topical medication contains lidocaine and flurbiprofen. MTUS (pg. 111-113) has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Lidocaine is indicated for neuropathic pain in the form of a dermal patch, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Also, MTUS does not recommend NSAID topicals for neuropathic pain. Recommendation is for denial.

**Topical Tramadol HCL powder 4.5gm; Dextromethorphan HBR powder 3gm; Capsaicin 0.01gm; and PCCA Lipoderm Base 20.93gm.: 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:** The progress report, dated 9/17/13 by [REDACTED], noted that the patient continued with total body pain, chronic fatigue, problems sleeping. Exam findings included fibromyalgia tender points 18/18 and 4+, no new joint swelling, normal neurologic examination. The patient's diagnoses include: osteoarthritis multiple sites; myalgia and myositis NOS; extrapyramidal dis NEC. The records indicate that the treating provider has requested multiple compounded topical medications for this patient. The records dated 6/20/13, 9/5/13, 11/22/13, and 10/22/13 were also reviewed. The records do not appear to indicate that the patient suffers from neuropathic pain and no documentation of failed trials of antidepressants and anticonvulsants for neuropathic pain have been provided. MTUS (pg. 111-113) has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical medication (Tramadol HCL powder 4.5gm; Dextromethorphan HBR powder 3gm; Capsaicin 0.01gm; and PCCA Lipoderm Base 20.93gm) is not supported by MTUS as Tramadol is not mentioned as an option for topical application. Recommendation is for denial.

**Topical Flurbiprofen powder 45gm; menthol crystals 9gm; camphor crystals 1.8gm; and PCCA Lipoderm Base 115gm, dispensed: 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:** The progress report, dated 9/17/13 by [REDACTED], noted that the patient continued with total body pain, chronic fatigue, problems sleeping. Exam findings included fibromyalgia tender points 18/18 and 4+, no new joint swelling, normal neurologic examination. The patient's diagnoses include: osteoarthritis multiple sites; myalgia and myositis NOS; extrapyramidal dis NEC. The records indicate that the treating provider has requested multiple compounded topical medications for this patient. The records dated 6/20/13, 9/5/13, 11/22/13, and 10/22/13 were also reviewed. The records do not appear to indicate that the patient suffers from neuropathic pain and no documentation of failed trials of antidepressants and anticonvulsants for neuropathic pain have been provided. The requested topical medication contains lidocaine and flurbiprofen. MTUS (pg. 111-113) has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is indicated for neuropathic pain in the form of a dermal patch, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Also, MTUS does not recommend NSAID topicals for neuropathic pain. Recommendation is for denial.