

<b>Case Number:</b>	CM13-0030413		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Pediatrics and Addiction, has a subspecialty in Toxicology and is licensed to practice in Massachusetts and New York. 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 24 year old male who was injured on October 27, 2008. As he was cleaning the roof, he lost balance and fell 10 to 12 feet. He sustained a compression fractures in the thoraco lumbar area. He still has ongoing back pain. He had Physical therapy, chiropractic therapy and pharmacologic treatment with opioids. The medication in dispute is Flurbipro/Cyclobenz/Lidocaine/Ethoxy LI/PCCA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for a 30 day supply of compounded Flurbipro, Cyclobenz, Lidocaine, Ethoxy LI, PCCA, a quantity of 240, with three (3) refills:** 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): s 111-127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Krumova EK, Zeller M, Westermann A, Maier C. Lidocaine patch (5%) produces a selective, but incomplete block of A $\delta$  and C fibers Pain. 2012 Feb;153(2):273-80. doi: 10.1016/j.pain.2011.08.020. Epub 2011 Oct 11.

**Decision rationale:** According to a report by [REDACTED] the patient has attained a plateau and stationary phase with regards to pain responses. The MTUS Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It is reported that it could be used as an option in neuropathic pain after failed attempts with anti epileptic drugs. However, in the submitted documents, there is no Nerve Conduction Velocity or Electromyograms to substantiate a diagnosis of neuropathy. Therefore the request for the compounded topical analgesic is not medically necessary and appropriate.