

<b>Case Number:</b>	CM13-0035416		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with industrial injury of October 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; attorney representation; transfer of care to and from various providers in various specialties; physical therapy; attorney representation; and work restrictions. In a Utilization Review Report of October 4, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney later appealed. In an October 31, 2013 progress note, the applicant is asked to return to work with restrictions and pursue further therapy. The applicant is status post epidural steroid injection, it is stated. The applicant is given prescription for Naprosyn and Flexeril on the same date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compounded flurbiprofen-cyclobenzaprine-capsaicin-lidocaine spray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111, 113.

**Decision rationale:** The proposed topical compounded flurbiprofen-cyclobenzaprine-capsaicin-lidocaine spray is not medically necessary, medically appropriate, or indicated here. One of the

ingredients in the compound, specifically cyclobenzaprine, is not recommended for topical formulation purposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**Topical compounded ketoprofen-lidocaine-capsaicin-tramadol spray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): s 111, 113,.

**Decision rationale:** As noted on the page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant is reportedly described as using two first-line oral pharmaceuticals, Naprosyn and Flexeril, effectively obviating the need for experimental topical compounds such as the item proposed here. Therefore, the request is not certified, on independent medical review.