MAXIMUS Federal Services

| Case Number: | CM13-0036828 | | |
|---|---|---|---|
| Date Assigned: | 12/13/2013 | Date of Injury: | 11/18/2004 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/22/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 expert 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:

This is a 66-year-old male who sustained injury on 11/18/2004. Mechanism of injury is unknown. Treatment history includes physical therapy, injections, and medications. The patient had right total knee arthroplasty on 07/22/2013. A progress report dated 08/20/2013 indicates that patient has been doing fairly well and said I am feeling much better. Patient underwent right total knee replacement on 07/22/2013. He is no longer experiencing myofascial pain in the upper back. On physical exam, ROM of the cervical spine is full in all directions. There was a mild degree of tenderness to deep palpation in the posterior cervical neck without radiation. There was no sensory or motor dysfunction noted in the upper extremities, hands and fingers. He was diagnosed with myofascial pain syndrome, upper back, cervicothoracic musculoligamentous strain, rule out cervical disc disease, history of diabetes, hypertension, 2 stents, kidney stones, and carcinoid tumors, and depressive disorder with anxiety reaction. A UR dated 09/17/2013 indicates the request for compounded drug (Flurbiprofen 10%/Diclofenac 6%/ Indomethacin 6%/Lidocaine 5%) with one refill was non-certified since there were no contraindications to the use of oral agents.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded drug (Flurbiprofen 10%/Diclofenac 6%/ Indomethacin 6%/Lidocaine 5%) with one refill:** Upheld

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

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

**Decision rationale:** The above MTUS guidelines state that topical analgesics are Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Although progress note from 8/8/13 states that pain is controlled with Norco, there is no mention of any trial of first-line therapy medications as listed above, nor does progress note from 9/6/13 states does not mention any trial. Therefore, based on the above guidelines and clinical history, the request for analgesic cream is not medically necessary.