

<b>Case Number:</b>	CM13-0038741		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Family Practice, and is licensed to practice in Mississippi and Texas. 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 50-year-old female who reported an injury on 05/10/2012 due to cumulative trauma while performing normal job duties. The patient reportedly developed injury to her low back. Previous treatments included physical therapy, acupuncture, epidural steroid injections, and medications. The patient's most recent clinical examination findings included limited range of motion secondary to pain of the lumbar spine, a positive straight leg raise test bilaterally, and a negative sciatic tension test bilaterally. The patient's diagnoses included a chronic lumbosacral sprain/strain. The patient's treatment plan included continuation of medications and participation in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound- Flurbipro/Lidocaine/Amitripty/PCCA/ Lipo Day Supply: QTY 180: Refills 00:**  
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. Decision based on Non-MTUS Citation Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40

**Decision rationale:** The requested compounded analgesic with flurbiprofen /lidocaine/amitriptyline/ PCCA/Lipoderm day supply QTY: 180 refills 0 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has significant side effects related to non-steroidal anti-inflammatory drugs. However, the patient's medication schedule includes continued use of non-steroidal anti-inflammatory drugs with the use of a gastrointestinal protectant. California Medical Treatment Utilization Schedule recommends the use of a topical non-steroidal anti-inflammatory drug when the patient is intolerant of oral medications. The clinical document provides evidence that the patient continues to use oral formulations of non-steroidal anti-inflammatory drugs with managed side effects. Therefore, the need for topical anti-inflammatory drugs would not be indicated. California Medical Treatment Utilization Schedule does not support the use of lidocaine in the form of a cream as it is not FDA-approved in that formulation to treat neuropathic pain. Therefore, continued use would not be indicated. California Medical Treatment Utilization Schedule does recommend antidepressants as a first-line treatment on the management of the patient's chronic pain. However, peer-reviewed literature does not support the use of antidepressants as a topical analgesic due to lack of scientific evidence to support efficacy. California Medical Treatment Utilization Schedule does not support the use of any topical compounded formulation that contains at least 1 drug or drug class that is not supported by guideline recommendations. As the requested topical formulation contains lidocaine which is not supported by guideline recommendations, the compounded medication would not be supported. As such, the requested compound flurbiprofen/lidocaine/amitriptyline/PCCA/Lipoderm day supply QTY: 180 refills 0 is not medically necessary or appropriate.