

<b>Case Number:</b>	CM13-0049651		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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, has a subspecialty in Pain 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 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:

The patient is a 59 year old female injured on August 24, 2010 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Clinical documentation indicated the patient complained of ongoing left knee, low back, right shoulder pain with initial diagnosis of right knee osteoarthritis. Objective findings included right knee medial joint line pain and swelling. The patient underwent right knee cortisone injection and was provided tramadol for pain management. The clinical note dated December 3, 2013 was handwritten and difficult to decipher. Diagnoses included tear/torn rotator cuff, depressive disorder, and synovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND CREAM:** Upheld

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

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

**Decision rationale:** In the case of this injured worker, the disputed request is for the compounded cream of flubiprofen 25%/ lidocaine 5%/ menthol 5% /camphor 5% as prescribed

by the requesting healthcare provider on 7/9/13. The Chronic Pain Medical Treatment Guidelines specify the following regarding topical Analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Furthermore, the specification for lidocaine includes the following as excerpted from the Chronic Pain Medical Treatment Guidelines: "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 (anti-epileptic drug) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this injured worker, there is documentation of rotator cuff tear and knee synovitis. No neuropathic pain process has been attributed to this injured worker, and therefore the lidocaine component is not recommended. The request for compound cream Flubiprofen 25%/ Lidocaine 5%/ Menthol 5% /Camphor 5% is not medically necessary or appropriate.