

<b>Case Number:</b>	CM13-0051689		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip and thigh pain reportedly associated with an industrial injury of July 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representations; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. An earlier handwritten progress note of December 30, 2013 is somewhat difficult to follow and notable for comments that the applicant has sustained a fracture of the hip. The applicant is status post ORIF hip surgery in July 2012. The applicant has a sensory deficit about the right thigh with diminished hip range of motion. The applicant is encouraged to exercise and is given a prescription for oral Motrin as well as two separate topical compounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Lido 5%/Menthol 5%/Camp 1% between 9/30/2013 and 12/30/2013:**  
Upheld

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using at least one first-line oral pharmaceutical, ibuprofen 800 mg, effectively obviating the need for topical agents and/or topical compounds such as the flurbiprofen-containing compound proposed here which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified

**Tramadol 15%/Dextro 10%/Cap 0.025% between 9/30/2013 and 12/30/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

**Decision rationale:** One of the ingredients in the cream here is capsaicin. However, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended as an option only in those applicants who have not responded to and/or are intolerant to other treatments. In this case, however, the applicant is seemingly described as using first-line oral ibuprofen without any reported difficulty, impediment, and/or impairment. This results in the capsaicin component of the cream carrying an unfavorable recommendation. Since one component in the cream carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified.