

<b>Case Number:</b>	CM13-0056716		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 was injured on 03/28/2012. The patient gradually developed onset of pain in her neck, left shoulder, elbow, wrist, and fingers, and in the right hand. Prior treatment history has included 12 sessions of physical therapy and 6 visits of acupuncture; Ketoprofen, Prilosec, TheraFlex Ultra cream and Bio-Therm pain relieving lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: COMPOUNDED FLURBIPROFEN/CYCLOBENZAPRINE/  
TRAMADOL/MENTHOL DISPENSED ON 5/10/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\hat{\pm}$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic

receptor agonists,  $\hat{1}^3$  agonists, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. There is little to no research to support the use of many of these agents. Cyclobenzaprine is a central muscle relaxant which is not recommended as there is no evidence of using any other muscle relaxant as a topical product. Furthermore, there is no medical justification for providing an opioid in a compounded formula. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, this compounded product is not recommended under the evidence-based guidelines. The request is retrospectively non-certified.