

<b>Case Number:</b>	CM13-0066563		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/18/1988
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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:

This is a 57 year-old female with a 2/18/1988 industrial injury claim. On 11/15/13, UR provided a retrospective denial of Flub/gaba/lido cream for 7/29/13. According to the 6/24/13 orthopedic report from [REDACTED], the patient presents with 9-10/10 pain every day and she feels crippled. She had lower back pai radiating down the back of both thighs and legs. She was diagnoosed with a lumbar disc degeneration, and had already been declared P&S.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUB/GABA/LIDO CREAM. ( RETROSPECTIVE):** 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): 111-113.

**Decision rationale:** The patient presents with lower back pain radiating down both legs. The review is for a compounded topical medication containing Flurbiprofen, gabapentin and lidocaine. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class)

that is not recommended is not recommended." This compound contains the NSAID Flurbiprofen. MTUS specifically states topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) is not recommended for use over the spine, hips or shoulders. The use of topical Flurbiprofen over the lumbar spine is not in accordance with MTUS guidelines. MTUS specifically states that gabapentin is not recommended for topical applications. MTUS also states that Lidocaine, in any form other than the dermal patch, whether creams, lotions, or gels are not indicated for neuropathic pain. None of the components of the prescribed compounded topical are recommended by MTUS. The use of flub/gaba/lido cream is not in accordance with MTUS guidelines.