

<b>Case Number:</b>	CM13-0069049		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/21/2000
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Medicine, and is licensed to practice in Texas and Ohio. 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 49-year-old who reported an injury on August 21, 2000. The mechanism of injury was not submitted. The patient was diagnosed with mechanical low back pain and degenerative changes of the lumbar spine at L3-4, L4-5, and L5-S1. The patient complained of constant to moderate low back pain. The pain was worse with bending and repetitive work and when standing and walking for more than thirty minutes. The patient reported doing home exercises and stretching. The objective findings revealed decreased range of motion of the lumbar spine along with tenderness to palpation. The patient was being treated with tramadol HCL 50 mg, Mobic 7.5 mg, and flurbiprofen compound cream. The patient was recommended physical therapy, heat, massage, TENS (transcutaneous electrical nerve stimulation), and a follow-up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUND CREAM (FLURBIPROFEN 25%/LIDOCAINE 5%/MENTHOL 1%/CAMPBOR 1%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Lidocaine, is only recommended in the formulation of a dermal patch. The documentation does not show evidence of a trial of anticonvulsants or antidepressants. The request for topical compounded cream (Flurbiprofen 25%/Lidocaine 5%/Menthol 1%/Camphor 1%) is not medically necessary or appropriate.