

<b>Case Number:</b>	CM13-0070393		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 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:

The patient is a 35 year-old female who was injured on 10/5/12. She has been diagnosed with curvature of spine NOS; torticollis NOS; radiculopathy. According to the 12/3/13 handwritten orthopedic report from [REDACTED], the patient has neck pain radiating to the left shoulder 4-9/10. The plan was for hydrocodone 5/325mg and cyclobenzaprine 7.5mg. On 12/9/13, UR reviewed the 12/5/13 RFA and recommended against some compounded topical creams, that were not discussed on the 12/3/13 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND CREAMS: FLURBIPROFEN 25%/LIDOCAINE 5%/MENTHOL 5%/CAMPHOR 1%, TRAMADOL 12%/LIDOCAINE %/DEXTROMETHORPAN 10%/CAPSAICIN .025%:** Upheld

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

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

**Decision rationale:** The patient presents with neck pain radiating to the left shoulder. I have been asked to review for a compounded topical cream that contains Flurbiprofen. 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. Flurbiprofen is an NSAID and MTUS specifically states there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. MTUS does not recommend topical Flurbiprofen for treatment of the neck or shoulder, therefore the whole compounded topical that contains Flurbiprofen is not recommended. The request is not medically necessary or appropriate.