

<b>Case Number:</b>	CM14-0003926		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/06/2002
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology, 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 has submitted a claim for right shoulder impingement, bilateral upper extremity overuse tendinitis, lumbar discopathy, and lumbar sprain/strain syndrome associated with an industrial injury date of January 6, 2002. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, topical analgesics, muscle relaxants, and physical therapy. The medical records from 2013 to 2014 were reviewed. The patient complained of persistent low back pain graded 6-8/10 with bilateral lower extremity radiculopathy, mild to moderate right shoulder pain described as aching and throbbing. Pain was aggravated by movements with overhead extension. Physical examination of the lumbar spine showed paraspinal muscle tenderness, restricted range of motion (ROM) at flexion of 30 degrees, extension of 10 degrees, right and left rotation of 20 degrees, and right and left tilt of 10 degrees. Physical examination of the right shoulder showed tenderness over the sternoclavicular joint, anterior capsule, and acromioclavicular joint, restricted ROM at abduction of 100 degrees, adduction of 30 degrees, extension of 30 degrees, internal and external rotation of 45 degrees, and flexion of 120 degrees. A utilization review from December 18, 2013 denied the request for POS CMPD-Flurbiprofen/licocaine/amytropyline/pcca lipo day supply, #20 with 180 refills because the components of this compound medication are not recommended for topical use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS CMPD-FLURBIPRO/LIDOCAINE/AMITRIPTY/PCCA LIPO, DAY SUPPLY:  
TWENTY (20),QTY: 180, REFILLS:00, RX DATE 11/21/13: Upheld**

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

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

**Decision rationale:** As noted in the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Lidocaine (in creams, lotions, or gels) is not recommended for topical applications. Compounded Flurbiprofen and non-steroidal anti-inflammatory drugs (NSAIDs) in general do not show consistent efficacy and are not Food and Drug Administration (FDA) approved. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. The CA MTUS does not address PCCA lipoderm specifically. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been using topical analgesics since October 2013. However, there were no reports as to functional gains, and continued analgesia from this compounded medication. Furthermore, there are no reports of failure of oral medications warranting the use of topical analgesics. Lidocaine, Amitriptyline, and Flurbiprofen are not recommended for topical applications. In addition, the frequency of treatment using this compounded medication was not indicated in this request. Therefore, the request for POS CMPD-flurbiprofen/lidocaine/amitriptyline/pcca lipo day supply, #20 with 180 refills is not medically necessary.