

<b>Case Number:</b>	CM14-0005819		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 31 year old female injured on February 1, 2010 due to undisclosed mechanism of injury. The current diagnoses included severe lumbar discopathy, status post right carpal tunnel release, left shoulder tendinitis with impingement syndrome, right shoulder impingement syndrome with possible partial tear of the supraspinatus tendon, and bilateral knee medial meniscus tear. The injured worker complained of persistent neck pain which was improving. The pain in the right wrist improved subsequent to surgery with residual numbness of the ulnar distribution. The physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezius with spasm, pain with terminal motion, tenderness at subacromial space and acromioclavicular joint, and positive Hawkins and impingement signs. The physical examination of the bilateral wrists revealed negative Tinel and Phalen signs, positive Tinel at tunnel of Guyon on the right and dysesthesia at the ulnar two digits. The physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments with spasm, pain with terminal motion, seated nerve root test positive, and dysesthesia at the right L5 and S1 dermatomes. The physical examination of the hips revealed tenderness at the anterolateral aspect, right side greater than left, pain with hip rotation, and positive Faber sign. The injured worker was to continue with post-operative physical therapy two times per week for four weeks, and medication management including cyclobenzaprine 7.5mg, Sumatriptan 25mg, Ondansetron ODT 8mg, omeprazole DR 20mg, Medrox pain relief ointment, and antibiotic. The request for compounds Ketoprofen/lidocaine/capsaicin/tramadol 15%, 1%, .012%, 5% liquid #60 and compound flurbiprofen/cyclobenzaprine/capsaicin/lidocaine 10%, 2%, 0.0125%, 1% liquid #120 was non-certified on January 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND KETOP/LIDOC/CAP/TRAM 15%, 1%, .012%, 5% LIQ #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111

**Decision rationale:** As noted on page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further the California MTUS Guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Ketoprofen and Tramadol which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. The request is not medically necessary.

**COMPOUND FLUR/CYCLO/CAPS/LID 10%, 2%, 0.0125%, 1% LIQ #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20 TOPICAL ANALGESICS, 111

**Decision rationale:** As noted on page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California MTUS Guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Flurbiprofen nad cyclobenzaprine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. The request is not medically necessary.

