

<b>Case Number:</b>	CM14-0008954		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/30/2000
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 46 year-old female with a 9/30/2000 industrial injury claim. She has been diagnosed with status post L2/3 fusion; lumbar discogenic disease and lumbar facet arthrosis. According to the 10/29/13 orthopedic report from [REDACTED], the patient presents with chronic low back pain, status post prior thoracolumbar fusion. Pain is 5-8/10, she takes Lexapro; Norco; Fentanyl patches 100mcg, and uses compounded topical creams. On 12/18/13 UR recommended against a compounded topical containing flurbiprofen, lidocaine and amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUNDED CREAM: FLURBIPROFEN, LIDOCAINE HCL, AMITRIPTYLINE IN A LIPODERM BASE:** 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, 111-113

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

**Decision rationale:** 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." The compounded cream is reported to contain lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. The request for Topical Compounded Cream: Flurbiprofen, Lidocaine Hcl, Amitriptyline In A Lipoderm Base is not medically necessary and appropriate.