

<b>Case Number:</b>	CM14-0100092		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/19/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Family Medicine 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:

This is a 48-year-old female with a 1/19/05 date of injury. The mechanism of injury occurred when the patient worked as a machine area supervisor and was often engaged in heavy physical labor, moving boxes, and lifting other heavy objects. According to a progress report dated 4/30/14, the patient complained of frequent/constant moderate-to-severe low back pain radiating to the legs with numbness and cramping. Objective findings: decreased range of motion of lumbar spine with tenderness. Treatment to date: medication management, activity modification, ESI, H-wave. A UR decision dated 5/30/14 denied the request for Retro compound cream medication Flurbiprofen 25%/ Lidocaine 5%, Menthol 1%/ Camphor 1% cream, provided 3/13/14. Compound delivery systems are not generally FDA approved as the mechanism by which the drugs are delivered and its efficacy has not been extensively studied. This appears to be off label usage of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Compound Cream Medication Flurbiprofen 25%/ Lidocaine 5%, Menthol 1%/ Camphor 1% Cream provided 3/13/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG section Chronic Pain, subsection Medication- Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that "Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications." In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of NSAIDs, Lidocaine, or Capsaicin in greater than a 0.025% formulation in a topical formulation. A specific rationale identifying why this compound cream medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retro Compound cream medication Flurbiprofen 25%/ Lidocaine 5%, Menthol 1%/ Camphor 1% Cream provided 3/13/14 is not medically necessary.