

<b>Case Number:</b>	CM14-0012132		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	07/28/1998
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational 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:

The patient is a 42-year-old female who has submitted a claim for head injury, shoulder impingement, shoulder tendinitis, and cervical sprain/strain associated with an industrial injury date of July 28, 1998. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of chronic neck and right shoulder pain. Physical examination revealed diminished cervical and shoulder range, pain on shoulder abduction, a positive impingement test, negative drop arm test, no sensory deficits and normal reflexes. Treatment to date has included home exercises, oral medications, and topical medications. Utilization review from December 2, 2013 denied the request for 3 day supply of Flurbiprofen 20%/Lido 5%/Menthol 5%/Camp 1% compound cream, 1 prescription of Flurbiprofen 20%/Lido 5%/Menthol 5%/Camp 1% compound cream for 28 day supply, 3 day supply of Tramadol 15%/Dextro 10%/Cap .025% and 1 prescription of Tramadol 15%/Dextro 10%/Cap .025% 28 day supply because current evidence-based guidelines state that there is little to no research to support the use of many topical agents. Furthermore, there is no evidence-based medicine support for the use of custom compounded medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) day supply of Flurbiprofen 20%/Lido 5%/Menthol 5%/Camp 1% compound cream:** Upheld

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

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

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research as for the use of flurbiprofen in compounded products. Topical formulation of lidocaine and prilocaine (whether creams, lotions, or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Compounded products have limited published studies concerning its efficacy and safety. In this case, compounded products were prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for four different topical medications. In addition, certain components of this compounded product are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for three (3) day supply of Flurbiprofen 20%/Lido 5%/Menthol 5%/Camp 1% compound cream is not medically necessary.

**Flurbiprofen 20%/Lido 5%/Menthol 5%/Camp 1% compound cream for 28 day supply:**  
Upheld

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

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

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research as for the use of flurbiprofen in compounded products. Topical formulation of lidocaine and prilocaine (whether creams, lotions, or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Compounded products have limited published studies concerning its efficacy and safety. In this case, compounded products were prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for four different topical medications. In addition, certain components of this compounded product are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Flurbiprofen 20%/Lido 5%/Menthol 5%/Camp 1% compound cream for 28 day supply is not medically necessary.

**Three (3) day supply of Tramadol 15%/Dextro 10%/Cap .025%:** Upheld

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

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

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for topical use. Guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Compounded products have limited published studies concerning its efficacy and safety. In this case, compounded products were prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for four different topical medications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded product as stated above contained components that are not recommended for topical application. Therefore, the request for three (3) day supply Tramadol 15%/Dextro 10%/Cap .025% is not medically necessary.

**Tramadol 15%/Dextro 10%/Cap .025% 28 day supply:** Upheld

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

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

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for topical use. Guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Compounded products have limited published studies concerning its efficacy and safety. In this case, compounded products were prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for four different topical medications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded product as stated above contained components that are not recommended for topical application. Therefore, the request for Tramadol 15%/Dextro 10%/Cap .025% 28 day supply is not medically necessary.