

<b>Case Number:</b>	CM14-0017247		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Practice and is licensed to practice in New York. 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 woman with a date of injury of 2/26/13 who was seen by her primary treating physician on 1/15/14 for complaints of head hurting after having an adjustment. She had pain in both knees and hands. She had neck pain radiating to her shoulders and back, increased with movement and stress. Her pain was rated as a 7/10. Her physical exam showed tenderness and positive McMurray tests to both knees. Her diagnoses were traumatic brain injury, anxiety, cervical spine strain/sprain, both hands, knee, lumbar and wrists strain/sprain and bilateral hip strain. The treatment plan included a pain management and orthopedic referral, acupuncture and chiropractic, psyche evaluation, urine toxicology screen and topical compound creams. The topical creams are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUND CREAM: FLURBIPROFEN/CAPSAICIN/MENTHOL 10/ 0.025/ 2/ 1%, 120GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding the topical compounded cream in this injured worker, the records do not provide clinical evidence to support medical necessity.

**TOPICAL COMPOUND CREAM: KETOPROFEN/CYCLOBENZAPRINE/  
LIDOCAINE 10%/ 3%/ 5%, 120GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding the topical compounded cream in this injured worker, the records do not provide clinical evidence to support medical necessity.