

<b>Case Number:</b>	CM14-0123761		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/18/1994
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Pain Management 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 injured worker is a 58 year old male with a date of injury on 11/18/1994. The listed diagnoses are: Lumbosacral sprain/strain and sacroiliac joint pain. The reported treatment consisted of topical compounded creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Purchase Of Flurbiprofen Cream, 120gm Per Tube, Unspecified Frequency And Duration (Tube Count: 1 With 0 Refill) Related To Symptoms Of Lumbar Spine Injury:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders> Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill 2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

**Decision rationale:** According to the guidelines, although largely experimental, the use of topical compounded analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including nonsteroidal anti-inflammatory drugs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoic acid, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. At the present time, the only Food and Drug Administration approved nonsteroidal anti-inflammatory drug for topical use is diclofenac. Studies supporting the use of capsaicin 0.0375% are absent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Given that the prescribed compounded topical analgesic cream contains flurbiprofen, which is not Food and Drug Administration approved for topical use and capsaicin 0.0375%, medical necessity criteria for use have not been met therefore the request is not medically necessary and appropriate.