

<b>Case Number:</b>	CM14-0125388		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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, and is licensed to practice in Texas. 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 who reported an injury to his low back, neck, and left shoulder when he was involved in motor vehicle accident on 09/18/09. The injured worker underwent left shoulder subacromial decompression on 03/18/13. The injured worker completed 12 physical therapy sessions in the post-operative setting. A clinical note dated 08/20/13 indicated the injured worker continuing with low back complaints. The injured worker ambulated with antalgic gait as. The injured worker also utilized a cane for ambulatory assistance. Strength was 4+/5 at the left tibialis anterior, extensor hallucis longus (EHL), and invertors and evertors. Strength was 5-/5 at the right tibialis anterior, EHL, and invertors and evertors. The injured worker utilized Percocet for ongoing pain relief. The injured worker was recommended for Terocin pain patches. Electromyogram/nerve conduction velocity of the lower extremities on 02/06/13 revealed bilateral S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Cream Flurbiprofen 20%/Tramadol 20% base 210grams #1:** Upheld

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

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

**Decision rationale:** The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, this compound cannot be recommended as medically necessary, as it does not meet established and accepted medical guidelines. Therefore, the request is not medically necessary.