

<b>Case Number:</b>	CM14-0126572		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Internal 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 injured worker is a 50 year old female who is reported to have sustained work-related injuries on 01/21/14. On this date, she is reported to have slipped on an onion skin falling onto her outstretched right upper extremity. The injured worker had immediate complaints of right shoulder and right upper extremity pain. Radiographs are reported to have been normal. On examination dated 01/24/14 she was noted to have right wrist pain, right elbow pain with full extension, and right shoulder full range of motion without pain. The record includes a magnetic resonance image of the wrist dated 03/03/14. This study notes a lobulated cyst lateral to the palmar aspect of the lunate and is otherwise reported as normal. A magnetic resonance image of the shoulder was performed on 05/06/14 which indicated a partial tear of the supraspinatus type II labral tear. The record includes a utilization review determination dated 07/30/14 in which a request for topical compound containing Lidocaine 5%, Flurbiprofen 20% 120g was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5 Percent Flurbiprofen 20 Percent 120 Grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Topical Analgesics, page 111 Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The submitted clinical records indicate that the injured worker sustained injuries to her right wrist and elbow as a result of the slip and fall. California Medical Treatment Utilization Schedule, The Official Disability Guidelines and United States Food and Drug Administration (US FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Flurbiprofen 20% which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.