

<b>Case Number:</b>	CM14-0164963		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date on 02/04/2013. Based on the 07/08/2014 progress report provided by [REDACTED], the diagnoses are: 1. Carpal tunnel syndrome2. Lumbago3. CervicalgiaAccording to this report, the patient complains of "constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level." Pain is rated as a 7/10.The patient also complains of "constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple block." Pain is rated as an 8/10. Physical exam reveals tenderness and spasm at the cervical and lumbar paravertebral muscles. Range of motion of the cervical and lumbar spine is restricted. Axial loading compression and seated nerve root test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 09/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/2014 to 07/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Transdermal compounds 120 ml #120, 30 days  
(Capsaicin/Flurbiprofen/PCCA Lipo Base): Upheld**

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

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

**Decision rationale:** According to the 07/08/2014 report by [REDACTED] this patient presents with constant pain the neck and low back. The provider is requesting a retrospective: Transdermal compounds 120 ml #120, 30 days (Capsaicin/Flurbiprofen/PCCA Lipo Base). Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for a topical NSAID as the patient does not present with peripheral joint arthritis/ tendinitis problems. MTUS states that if one of the compounded topical components is not recommended, then the entire compound is not recommended. Recommendation is for denial.

**Retrospective: Transdermal compounds 120 ml #120, 30 days (Hyaluronic Acid Sod Salt Powder/Lido/PCCA Lipo Base):** Upheld

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

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

**Decision rationale:** According to the 07/08/2014 report by [REDACTED] this patient presents with constant pain the neck and low back. The provider is requesting a retrospective: Transdermal compounds 120 ml #120, 30 days (Hyaluronic Acid Sod Salt Powder/Lido/PCCA Lipo Base). Regarding Topical Analgesics, MTUS guidelines states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, this request is not medically necessary.