

Case Number:	CM14-0025886		
Date Assigned:	06/04/2014	Date of Injury:	05/20/2013
Decision Date:	08/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/01/2014

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, 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 43-year-old female with a date of injury reported on 05/20/2013 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 02/10/2014, the injured worker complained of low back pain, which she rated at a 7/10 with occasional numbness to the right ankle and left thigh. It was annotated that treatments and medications are helping. Prior treatments included physical therapy and prescribed medications. The physical examination revealed tenderness to the lumbar spine with spasms and range of motion with spasms. There was also tenderness to the right lateral ankle. The diagnoses included lumbar spine sprain/strain with a 2 to 3 mm disc protrusion at L3-4, L4-5; right ankle sprain/strain; and lumbar neuritis. The treatment plan included a request for a UA test for toxicology, a pain management referral, acupuncture 2 times a week for 4 weeks, chiropractic 1 time a week for 4 weeks and a topical compound cream ordered. The request for authorization for the topical compound cream for the diagnosis of a sprain/strain of the lumbar spine and a sprain/strain of the ankle was submitted on 02/11/2014.

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/KETOPROFEN/CYCLOBENZAPRINE/
LIDOCAINE): Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The request for a topical compound cream (Flurbiprofen/capsaicin/menthol/Ketoprofen/Cyclobenzaprine/lidocaine) is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In the clinical notes provided for review, there is not enough documentation of the efficacy with the use of the topical compound cream. There is not enough documentation of the area of application and the frequency. Furthermore, the guidelines do not recommend the use of topical analgesics that contain compounds of 1 drug (or drug class) that is not recommended, such as menthol and Ketoprofen as well as Cyclobenzaprine. Therefore, the request for a topical compound cream (flurbiprofen/capsaicin/menthol/ketoprofen/cyclobenzaprine/lidocaine) is not medically necessary.