

<b>Case Number:</b>	CM14-0035230		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/02/1999
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 54 year old female who sustained an injury on 08/02/1999. No specific mechanism of injury was not noted. The injured worker has been followed for complaints of pain in the neck, shoulders and upper back as well as numbness in the bilateral hands worse in the index, middle and ring fingers. Prior treatment has included the use of wrist braces which was not beneficial. Medications have included the use of Norco and tizanidine. The injured worker was seen on 01/31/14 with continued pain in the entire body with chronic fatigue. The injured worker also complained of pain and stiffness in the shoulders and low back as well as continued numbness and tingling in the hands bilaterally. On physical examination no significant findings were identified. The injured worker was continued on compounded medications that included flurbiprofen, lidocaine, menthol and camphor at this evaluation. The injured worker was seen again on 03/13/14 for continuing symptoms. No significant findings on physical examination were identified. The injured worker was continued on glucosamine and diclofenac at this evaluation. The requested retrospective use of a compounded medication including flurbiprofen, lidocaine, menthol and camphor on 01/31/14 was denied by utilization review on 03/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Compound Medication; Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1% Date of Service (DOS) 01/31/14: 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 CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains flurbiprofen which is not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of duplicative components as the injured worker was noted as already using an oral NSAID. Therefore, this compound cannot be supported as medically necessary.