

<b>Case Number:</b>	CM14-0037046		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/19/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Nevada. 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 56-year-old female who was reportedly injured on January 19, 2001. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated June 20, 2014 indicated that there were ongoing complaints of low back pain with numbness and tingling in the right lower extremity. Current medications include Voltaren, Hydrocodone, Doral and a topical compounded medication with Flurbiprofen/Menthol/Capsaicin. The physical examination demonstrated slightly decreased lumbar spine range of motion as well as tenderness and spasms along the paravertebral muscles of the lumbar spine. There were decreased sensation at the fourth and fifth toes of the right foot and a positive straight leg raise test. The treatment plan recommended continuing existing medications and the use of an H wave unit as well as a home exercise program. No diagnostic imaging studies were reported during this visit. Previous treatment included a home exercise program, oral medications, the use of an H wave stimulator and a lumbar spine microdiscectomy in 2002. A request had been made for compounded topical Flurbiprofen, Menthol, Camphor and Capsaicin and was not certified in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.375 topical cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for topical Flurbiprofen/Menthol/Camphor/Capsaicin cream is not medically necessary.