

<b>Case Number:</b>	CM14-0041133		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Management and is licensed to practice in Tennessee. 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:

Patient is a 58-year-old male who has submitted a claim for neck sprain/strain associated with an industrial injury date of October 1, 2007. Medical records from December 2013 to February 2014 were reviewed. Patient underwent a L3-L4, L4-L5 lumbar laminectomy and C5-C6 ACDF (anterior cervical discectomy and fusion) on December 12, 2013. Upon follow-up, patient complained of incisional pain on both surgical sites. Physical examination is relatively unremarkable. Treatment to date has included oral analgesic medications and topical compounded products. Utilization review from March 8, 2014 denied the retrospective request for the compound medication prescribed (Flurbiprofen; Cyclobenzaprine duration and frequency unknown, dispensed on DOS: 12/23/12 for the cervical and lumbar spine) because compounded products have limited published studies concerning its efficacy or safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 12/23/12) for the compound medication prescribed, Flurbiprofen; Cyclobenzaprine, duration and frequency unknown, for the cervical and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical /Compounded Medications ,Topical Analgesics Page(s): 111 -112 and 121 -122.

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

**Decision rationale:** As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. As stated on page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, use of Cyclobenzaprine as a topical muscle relaxant is not recommended. In this case, compounded products were prescribed as part of the patient's therapy regimen for post-operative pain. However, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Both flurbiprofen and cyclobenzaprine are not recommended for topical use. Therefore, the retrospective request for the compound medication prescribed (Flurbiprofen; Cyclobenzaprine duration and frequency unknown, dispensed on DOS: 12/23/12 for the cervical and lumbar spine) is not medically necessary.