

<b>Case Number:</b>	CM14-0046302		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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, has a subspecialty in Interventional Spine 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 54-year-old female with an injury date of 06/18/2013. Based on the 01/31/2014 progress report, the patient complains of lower back pain which radiates to her leg as well as a throbbing left wrist pain which radiates to her fingers with numbness and tingling. The patient also has both left knee and right knee pain, loss of sleep, depression, anxiety, and irritability. Upon examination of the lumbar spine, she has +3 tenderness to palpation of the lumbar paravertebral muscles. In regards to the left wrist, the patient has a +3 tenderness to palpation of the anatomical snuff box, dorsal wrist, thenar, and volar wrist. The patient also has a +3 tenderness to palpation of the anterior knee, lateral joint line, and middle joint line of both the right and left knee. The 02/28/2014 report states that the patient rates her pain as an 8/10 for her lumbar spine, left wrist, and a 9/10 for her left and right knee. The patient's diagnoses include the following: 1.Lumbar musculoligamentous injury.2.Lumbar radiculopathy.3.Left De Quervain's disease.4.Left wrist sprain/strain.5.Left wrist tenosynovitis.6.Left knee internal derangement.7.Left knee sprain/strain.8.Right knee internal derangement.9.Right knee sprain/strain.10.Loss of sleep.11.Anxiety.12.Depression.13.Irritability.The utilization review determination being challenged is dated 03/07/2014. Treatment reports were provided from 10/09/2013 - 03/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD - Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2% 240 gm:** Upheld

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

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

**Decision rationale:** Based on the 01/31/2014 progress report, the patient complains of lumbar spine pain, left wrist pain, and right/left knee pain. The request is for CMPD - capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 2% 240 g. The report with the request was not provided. MTUS Guidelines provided clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. In this case, there is no indication of where the patient will be applying this topical ointment to. Given the above the request is not medically necessary.

**CMPD - Furbiprofen 25% and Lidocaine 10% 240 gm:** Upheld

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

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

**Decision rationale:** Based on the 02/28/2014 progress report, the patient presents with pain in her lumbar spine, left wrist, left knee, and right knee. The request is for CMPD - flurbiprofen 25% and lidocaine 10% 240 g. MTUS Guidelines provide clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain but supports it severe peripheral joint arthritis and tendinitis. None of these reports provided mentioned the patient having arthritis or tendinitis. Given the above the request is not medically necessary.