

<b>Case Number:</b>	CM14-0052361		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/14/2008
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 60 year old woman, a dressmaker/sewing machine operator, who claims injury 4/14/2008. She now has chronic low back, neck and right shoulder pain. She is status post anterior cervical discectomy and fusion at multiple levels 4/18/12. She is also diagnosed with right shoulder impingement syndrome and L4-5 disc herniation and bilateral lower extremity radiculopathy. Her provider is requesting two compounded topical analgesics for her pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Fluriflex Cream 15/10% 180 Grams:** Upheld

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

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

**Decision rationale:** This topical analgesic is a combination of flurbiprofen and cyclobenzaprine. Neither medication is approved in the MTUS Chronic pain guidelines. The only topical NSAID approved is diclofenac gel 1%. There is no approved topical antispasmodic medication. The guidelines note that if there is any component of a compounded topical analgesic that is not

approved, the whole compound is disallowed. In this case, neither component is allowed. This medication is not medically necessary.

**One TGHot Cream 8/10/2/2/.05% 180 Grams:** Upheld

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

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

**Decision rationale:** This compound consists of tramadol, gabapentin, menthol, camphor and capsaicin. This is not medically necessary. Tramadol and gabapentin are not approved topical analgesics, and there is not medical evidence supporting their topical use. The chronic pain guidelines go on to say that any compound that has at least one component that is not approved cannot be approved. The request is not medically necessary.