

<b>Case Number:</b>	CM14-0070788		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 patient is a 66 year old male who was injured on 06/30/2010. The mechanism of injury is unknown. The patient underwent therapeutic percutaneous epidural decompression neuroplasty of the cervicothoracic nerve roots for analgesia bilaterally at C4, C5 and C6 levels; bilateral medial branch blocks to the cervical facet joints at the C4-5 and C5-6 levels on 12/02/2013. Progress report dated 04/18/2014 states the patient complained of sharp neck pain, numbness and weakness of the cervical spine. He has complaints of pain in the mid back, low back, right wrist, right knee and right shoulder with associated weakness, stiffness, numbness and tingling. The pain is increased with prolonged walking, standing, climbing and bending. Objective findings on exam revealed no bruising, swelling, atrophy or lesion present. The patient is diagnosed with cervical spine strain, cervical myospasm, right shoulder impingement syndrome, right carpal sprain, right carpal tunnel syndrome, right knee internal derangement, and right knee strain. The patient is recommended and dispensed capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, Naproxen 550 mg #60, Protonix 20 mg #60, Norco 10/325 mg #60 and Ambien 10 mg #30. Prior utilization review dated 04/14/2014 states the request for Medication - Compounded is denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication - Compounded:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medication - Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), compounded medication.

**Decision rationale:** The CA MTUS Guidelines states Topical Analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guides further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded treatment reportedly contains Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, Ketoprofen 20%, Lidocaine 10%, Dexamethasone 4% and Hydrocodone. According to the guidelines, topical lidocaine in the formulation of a dermal patch is the only formulation to be used. No other commercially approved topical formulations of lidocaine are indicated. Further, Ketoprofen is not currently FDA approved for a topical application. Based on the topical analgesics guidelines, the request is not medically necessary.