

Case Number:	CM14-0071811		
Date Assigned:	07/16/2014	Date of Injury:	05/11/2012
Decision Date:	09/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic arm, thumb, and shoulder pain reportedly associated with an industrial injury of May 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of acupuncture; and topical compounds. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a progress note dated January 10, 2014, the applicant transferred care to a new primary treating provider, after obtaining attorney representation. The applicant reported 8-9/10 shoulder, upper arm, wrist and hand pain with derivative complaints of depression, anxiety, and insomnia. A topical compounded capsaicin-flurbiprofen-tramadol-menthol-camphor-flurbiprofen-cyclobenzaprine compound was prescribed while the applicant was placed off of work, on total temporary disability. Genetic testing was also endorsed, along with a psychological consultation and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription drug, generic (Cyclobenzaprine/Flurbiprofen;
Capsaicin/Menthol/Camphor/Flurbiprofen/Tramadol): 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 Topical Analgesics topic Page(s): 111-113.

Decision rationale: The primary ingredient in the compound is cyclobenzaprine, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.