

<b>Case Number:</b>	CM14-0084466		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/27/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 & 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 43-year-old female with a date of injury of 11/27/2008. The listed diagnoses are as follows: Sprain of ankle; Chondromalacia, patella/knee: Rule out degenerative disk, lumbar; and lumbar sprain/strain. According to progress report 05/05/2014, the patient presents with low back, right hip, right knee, right ankle and right toes pain. Examination revealed muscle guarding and bilateral spinous processes, L5 and S1. Range of motion is decreased on all planes. Lasgue's test is positive bilaterally. Medical provider is recommending a refill of medications Norco 10/325 mg, Motrin 800 mg, Soma 350 mg, and Flur-Diclo compound topical cream. Utilization review denied the request for the compound topical cream on 05/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flur-Diclo Compound (Topical compounded Rx): Upheld**

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

**MAXIMUS guideline:** Decision on the MTUS Chronic Pain Medical Treatment Guidelines: Topical Analgesics page 111.

**Decision rationale:** This patient presents with low back, right hip, right knee, right ankle, and right toes pain. The medical provider is requesting a refill of Flur-Diclo compound topical cream. Flur-Diclo cream includes Flurbiprofen and Diclofenac. The medical provider has been

prescribing topical compound agents since 01/10/2014. The MTUS Guidelines regarding topical creams page 111 under chronic pain section states, topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Nonsteroidal anti-inflammatory drugs (NSAIDs) are only recommended for peripheral joint arthritis and tendonitis pain. In this case, the patient has chronic ankle, knee and low back pain. Given the patient does not meet the indication for topical NSAID, the entire compound cream is not recommended. Therefore, the request for Flurbiprofen/Diclofenac compound topical cream is not medically necessary and appropriate.