

<b>Case Number:</b>	CM14-0088547		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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:

This is a 64-year-old female with date of injury of 11/14/01. Mechanism of injury was a slip and fall on a wet floor in the ladies room. The patient developed low back pain with radicular symptoms and conservative care was initiated. MRI was done on 12/05/13, and showed multilevel disc disease with a 5 mm protrusion at L4-5 and a 6-7 mm protrusion at L5-S1. Electrodiagnostics show a right median neuropathy and no evidence of lumbar radiculopathy. The patient returned in follow-up on 5/05/14, and it is noted that the patient is scheduled for lumbar fusion on 6/13/14. She has persistent lumbar symptoms including a progressive neurologic deficit. None of the submitted medical records discuss the compounded topicals that were submitted to Utilization Review. These were not recommended by the UR advisor on 5/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Flurbiprofen 10% 0.2025% Cream # one hundred and twenty (120): Upheld**

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

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

**Decision rationale:** Guidelines support topical NSAIDs early in the care of osteoarthritis, and they are recommended for short-term use of 4-12 weeks. Flurbiprofen, specifically, as a topical NSAID, is not FDA approved. In addition, it does appear that this topical does not just consist of Flurbiprofen, but also an unnamed medication, as there is an ingredient that is "10%" and another that is "0.20-25%". Guidelines do not support compounded topicals in general, and if there is one ingredient that is not guideline supported, the entire compound is not. Flurbiprofen is not supported, and unless the ingredient is named, it should be considered unsupported. Medical necessity is not established for Flurbiprofen 10% 0.2025% Cream # 120.

**Lidocaine/Hyaluronic Patch 6% 0.2% cCream # one hundred and twenty:** Upheld

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

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

**Decision rationale:** The CA MTUS notes that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. The compounded topical in this case contains Hyaluronic acid and Lidocaine. Lidocaine is not guideline supported in topical form, other than Lidoderm. In addition, I do not see any clear documentation that suggests that the requesting physician has clear knowledge of why each specific agent is being combined or what specific goal would be achieved by compounding these specific ingredients together. No scientific studies are submitted that support this deviation from guidelines. Guidelines do not support Hyaluronic acid as one of the accepted topical agents, and no studies are submitted that discuss/support this medication in topical format. Medical necessity is not established for Lidocaine/Hyaluronic Patch 6% 0.2% Cream # 120.