

<b>Case Number:</b>	CM14-0191569		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/07/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Pain 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:

This 56 year-old male sustained an industrial related injury on 04/07/2009 when a large tree branch fell on him. The results of the injury included trauma to the head, neck and low back. The injured worker was previously diagnosed with compression fracture in the lumbar spine and disc protrusions in the neck. According to a progress report, dated 05/08/2014, current symptoms/complaints included ongoing pain in the neck, mid-back, and low back. The only treatment discussed (to date) has included oral analgesic medications and diagnostic testing; however, the UR report stated that the injured worker had been treated with neurosurgeon and spinal surgeon consultations, physical therapy, back injections, and collar and lumbar brace in addition to oral medications and diagnostic testing. Diagnostic testing has included x-rays (2 years prior to report) for which no results were discussed or provided. A MRI of the lumbar spine, dated 09/25/2014, was provided and revealed a grade I wedge compression deformity of the L1; disc desiccation at the T12-L1 down to the L5-S1 levels; degenerative changes; Schmorl's nodes along the superior end plate of L1; straightening of the lumbar lordotic curvature; Tarlov cyst at T1-L1, L1-L2, L5-S1 and S2-S3; and L2-L3, L3-L4, L4-L5 and L5-S1 broad based disc herniation causing stenosis of the spinal canal and bilateral lateral recess. Current diagnoses noted in the clinical records submitted included chronic pain syndrome. The UR report also indicated diagnoses of cervical strain, thoracic and lumbar strain, cervical degenerative disc disease (preexisting), and thoracic and lumbar degenerative disc disease (preexisting). The rationale for the compound cream was not discussed. Treatments in place around the time the compound medication was requested included oral medications. There was insufficient clinical discussion regarding the injured worker's pain, functional deficits, or activities of daily living to indicate whether there were any changes during the 6 months prior to the request. Work status was noted to be unchanged as the injured worker remained off from

work. There was insufficient evidence to determine whether dependency on medical care was increased, decreased, or unchanged. On 10/13/2014, Utilization Review non-certified a prescription for cyclobenzaprine 10% quantity 1, flurbiprofen 15% quantity 1, ethoxy diglycol 20.8333% quantity 1, & microderm quantity 1 which were requested on 09/24/2014. The compound cream containing cyclobenzaprine, flurbiprofen, ethoxy diglycol & microderm was non-certified based on these medications in this form being largely experimental. The CA MTUS guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of a compound medication containing cyclobenzaprine, flurbiprofen, ethoxy diglycol & microderm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 10% QTY: 1.00: Upheld**

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

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

**Decision rationale:** The requested medication is for the compound cream containing cyclobenzaprine. The Chronic Pain Medical Treatment Guidelines states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Within the submitted documentation, there is no documentation of indication of topical cyclobenzaprine, nor is there documentation on the previous muscle relaxants the patient has tried and failed. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested cyclobenzaprine powder is not medically necessary.

**Flurbiprofen 15% QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The requested medication is for the compound cream containing flurbiprofen. The Chronic Pain Medical Treatment Guidelines states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity.

Regarding the request for topical flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. On a progress note on 5/8/2014, there was documentation that the patient was taking Naproxen with upset stomach. A prescription document from 6/11/2014 showed patient has also tried Ibuprofen 800mg for pain. However, there was no documentation of why patient could not tolerate oral Ibuprofen to warrant the use of this topical NSAID. Furthermore, there was no explanation why this particular formula of topical NSAID was ordered. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.

**Ethoxy Diglycol 20.8333% QTY: 1.00:** Upheld

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

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

**Decision rationale:** The requested medication is for the compound cream containing ethoxy diglycol. The Chronic Pain Medical Treatment Guidelines states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. The medical records submitted for review does not explain why ethoxy diglycol was prescribed as part of the compound cream. There is an absence of peer reviewed literature to support this component. Because the medical necessity of both cyclobenzaprine and flurbiprofen were not established, adding ethoxy diglycol would not be medically necessary at this time.

**Microderm QTY: 1.00:** Upheld

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

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

**Decision rationale:** The requested medication is for the compound cream containing microderm. The Chronic Pain Medical Treatment Guidelines states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. The medical records submitted for review does not explain why Microderm was prescribed as part of the compound cream. There is an absence of peer reviewed literature to support this component. The Microderm is not be medically necessary at this time.