

<b>Case Number:</b>	CM14-0199211		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Preventive 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:

According to the records made available for review, this is a 45-year-old male with an 8/31/11 date of injury. At the time (10/28/14) of the Decision for Compound cream #1 Flurbipro Fen/Capsaicin (patch) 10% 0.025% 120gm and Lidocaine / Hyaluronic (patch) 6% 0.2% 120gm, there is documentation of subjective (thoracic pain and low back pain radiating to the lower extremities) and objective (tenderness to palpation over the thoracic and lumbar paravertebral muscles with spasm and restricted range of motion of the lumbar spine) findings current diagnoses (carpal tunnel syndrome, Lumbago, thoracic disc displacement, De Quervain's/radial styloid tenosynovitis, and brachial neuritis), and treatment to date (lumbar epidural injection and medications (including ongoing treatment with Neurontin)). Regarding Compound cream #1 Flurbipro Fen/Capsaicin (patch) 10% 0.025% 120gm, there is no documentation that trials of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream #1 Flurbipro Fen/Capsaicin (patch) 10% 0.025% 120gm:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, Lumbago, thoracic disc displacement, De Quervain's/radial styloid tenosynovitis, and brachial neuritis. In addition there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Neurontin, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Compound cream #1 Flurbiprofen/Capsaicin (patch) 10% 0.025% 120gm II is not medically necessary.

**Lidocaine / Hyaluronic (patch) 6% 0.2% 120gm:** Upheld

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

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

**Decision rationale:** Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, Lumbago, thoracic disc displacement, De Quervain's/radial styloid tenosynovitis, and brachial neuritis. However, the request for Lidocaine/Hyaluronic 6% 0.2% cream contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine / Hyaluronic (patch) 6% 0.2% 120gm is not medically necessary.