

<b>Case Number:</b>	CM15-0004110		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/03/1992
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 77-year-old female who reported an injury on 04/03/1992. The mechanism of injury was not stated. The current diagnoses include right upper extremity overuse syndrome, cervical spondylosis, and lumbar discopathy. The injured worker presented on 12/03/2014 with complaints of low back pain and bilateral hand/wrist pain. Upon examination, there was an antalgic gait, diffuse tenderness of the forearm without specific swelling, positive Tinel's sign, moderately decreased sensation to pinprick in the median distribution, 2+ deep tendon reflexes in the upper extremities, 3/5 motor weakness in the right wrist, diminished range of motion of the bilateral wrist, tenderness in the paraspinal musculature of the lumbar region, midline tenderness in the lumbar spine, muscle spasm over the lumbar spine, limited lumbar range of motion, decreased sensation to pinprick in the foot dorsum and posterolateral region, 2+ deep tendon reflexes in the bilateral lower extremities, and sacroiliac tenderness on compression. Recommendations included a right thumb Spica splint and a prescription for Ultram 50 mg, and 2 transdermal creams. A Request for Authorization form was then submitted on 12/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Flurbiprofen 20%/Baclofen 2%/ Cyclobenzaprine 2% cream 120 gram:** 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:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the current request cannot be determined as medically appropriate. Additionally, there was no frequency listed in the request. Given the above, the request is not medically necessary at this time.

**Pharmacy Purchase of Gabapentin 10% Cyclobenzaprine 4% Ketoprofen 10% Capsaicin 0.0375% Menthol 5% Camphor 2% cream 120 gram:** 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:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended as there is no evidence for the use of a muscle relaxant as a topical product. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Capsaicin in the form of a 0.0375% formulation is not recommended. Therefore, the current request cannot be determined as medically appropriate. Additionally, there was no frequency listed in the request. Given the above, the request is not medically necessary at this time.