

<b>Case Number:</b>	CM15-0007960		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/25/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 71 year old with an industrial injury dated 04/25/2009. The mechanism of injury is documented as a fall with injury to her right elbow, back and neck. On presentation 12/05/2014 the injured worker was complaining of cervical spine pain radiating through the right arm with tingling to both hands, with limited range of motion. She is also complaining of lumbar spine pain. Physical exam revealed limited and painful range of motion of her neck. Prior treatments include MRI of the cervical spine dated 11/18/2014 showing diffuse and severe cervical spondylosis throughout cervical spine with moderate stenosis, worst at cervical 6/7. MRI of lumbar spine also dated 11/18/2014 showed lumbar spondylosis with disc collapse and end plate changes lumbar 2/3. Other treatments include surgery to right elbow with hardware removal (post-surgery), chiropractic treatment to neck and lumbar spine, physical therapy and medications. Diagnoses included cervical spondylosis, lumbar spondylosis, cervical degenerative disc disease, lumbar/lumbosacral disc degeneration, lumbar spondylolisthesis, cervical myofascial sprain-strain and lumbar myofascial sprain-strain. Other treatments include physical therapy and medications. On 12/31/2014 the request for Flurbiprofen, Capsaicin, Camphor (unknown strength or quantity) was non - certified by Utilization Review. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen, Capsaicin, Camphor (unknown strength or quantity) (DOS: 12/05/14): Upheld**

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

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

**Decision rationale:** The requested topical analgesic is formed by the combination of Flurbiprofen, Capsaicin, Camphor. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Topical Compound Cream: Flurbiprofen, Capsaicin, Camphor is not medically necessary.