

<b>Case Number:</b>	CM15-0101002		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/27/1997
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 40-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 27, 1997. In a utilization review report dated May 15, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a May 11, 2015 RFA form and associated progress note of April 28, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated May 11, 2015, Tylenol with Codeine and a flurbiprofen-containing topical compound were endorsed. In an associated progress note dated April 27, 2015, the applicant was described as having ongoing complaints of low back pain. A spine surgery consultation was endorsed. It was suggested that the applicant was working with restrictions in place. 6/10 to 7/10 pain complaints were noted. The applicant was using Tylenol No. 3 and tramadol in addition to the topical compounded agent in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/4%) 180gm: Upheld**

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

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

**Decision rationale:** No, the flurbiprofen-cyclobenzaprine-menthol compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which there is little evidence to utilize topical NSAIDs such as flurbiprofen, the primary ingredient in the compound. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Tylenol No. 3 and tramadol, furthermore, effectively obviated the need for page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.