

Case Number:	CM15-0133347		
Date Assigned:	07/21/2015	Date of Injury:	04/09/2009
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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, Alabama, 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 55-year-old female sustained an industrial injury on 4/09/09. She subsequently reported back and neck pain. Diagnoses include cervicalgia and cervical intervertebral disc disorder. Treatments to date include MRI testing, cervical fusion surgery, physical therapy and prescription pain medications. The injured worker continues to experience cervical, left cervical, right cervical, right anterior knee, left cervical dorsal, upper thoracic, right cervical dorsal, right mid thoracic, mid thoracic and left mid thoracic pain. Upon examination, tenderness to palpation is noted over at the cervical, bilateral shoulder, bilateral sacroiliac sacral, bilateral buttock, bilateral posterior leg and bilateral posterior knees. Cervical, lumbar, bilateral shoulder and wrist ranges of motion were reduced. Positive impingement sign was noted in the right shoulder and Kemp's was positive. A request for FCL Compound Cream (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180 grams for Cervical and Bilateral Shoulders was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL Compound Cream (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180 grams for Cervical and Bilateral Shoulders: Upheld

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

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

Decision rationale: 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. There 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. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain management. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Compound Cream (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180 grams for Cervical and Bilateral Shoulders is not medically necessary.