

<b>Case Number:</b>	CM15-0136471		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/31/2002
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: 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 injured worker is a 46 year old male, who sustained an industrial injury on 8-31-2002. Diagnoses have included chronic low back pain, degenerative disc disease and left leg sciatica. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 6-2-2015, the injured worker complained of progressive gait deterioration due to low back pain and poor tolerance to stand and walk. He complained of chronic, daily, constant low back pain associated with left sciatica. Objective findings revealed a guarded posture with stiffness in the neck and left shoulder. There was palpable tenderness to the lumbar paraspinal area. He rated his current pain as seven out of ten. Authorization was requested for topical compound creams Flurbiprofen-Lidocaine and Cyclobenzaprine-Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream Flurbiprofen 20%, Lidocaine 5%, 4gm:** Upheld

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

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

**Decision rationale:** MTUS Guidelines are very specific with the recommendations that only FDA/Guideline line approved topical agents are recommended and any compound utilizing a non-recommended agent is not supported. Guidelines do not support the use of topical Flurbiprofen and there are FDA approved alternative NSAID topical. In addition, Guidelines do not support lidocaine 5% in cream form due to variances in adsorption. Only a patch form (Lidoderm) is Guideline supported. There are no unusual circumstances to justify an exception to Guidelines. The topical compound cream Flurbiprofen 20%, Lidocaine 5%, 4gm is not supported by Guidelines and is not medically necessary.

**Topical compound cream Cyclobenzaprine 10%, Lidocaine 2%, 4gm: Upheld**

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

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

**Decision rationale:** MTUS Guidelines are very specific with the recommendations that only FDA/Guideline line approved topical agents are recommended and any compound utilizing a non-recommended agent is not supported. The Guidelines specifically state that topical muscle relaxants (Cyclobenzaprine) and topical 2% Lidocaine are not recommended. The topical compound cream Cyclobenzaprine 10%, Lidocaine 2%, 4gm is not supported and there are no unusual circumstances to justify an exception to Guidelines. The compounded cream is not medically necessary.