

<b>Case Number:</b>	CM15-0136476		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/09/2004
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/30/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 62-year-old female patient who sustained an industrial injury on 08/09/2004. On 06/19/2015, there was recommendation for the patient to begin utilizing a compound topical cream. A follow up pain management visit dated 05/13/2015 reported current medications as: Percocet 10/325mg, Elavil, and Prozac. The diagnostic impression noted the patient status post C5-C7 cervical fusion with chronic cervicalgia; bilateral cervical radiculopathy, left side worse; status post left shoulder rotator cuff repair with recurrent left shoulder pain; history of deep vein thrombosis (DVT) on left lower extremity current anti-coagulated, and chronic pain syndrome. She reports the Percocet allowing her to be more functional. She is currently with complaint of severe leg pain. There will be another ultra sound study performed ruling out another DVT of the lower extremity. Another follow up visit dated 02/18/2015 reported unchanged subjective complaint, objective assessment, treating diagnoses. The plan of care noted a urine drug screen performed, and she is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 4% 240gms: 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The Flurbiprofen is not medically necessary. There was no mention of reduction in oral Percocet and the claimant was also on topical Lidoderm. Multiple topicals and oral analgesics are not required. Since the compound above contains these topical medications, the compound in question is not medically necessary.