

<b>Case Number:</b>	CM15-0138911		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female who sustained an industrial fall injury on 11/02/2009. The injured worker was diagnosed with cervical spine disc disease, cervical spine sprain/strain, bilateral rotator cuff tears, lumbar sprain/strain and lumbar disc bulge with radiculitis. No invasive surgical interventions were documented. Treatment to date has included diagnostic testing with Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities in May 2015, shoulder injections (latest on April 11, 2015), lumbar epidural steroid injection (times 3 with latest in January 2015), acupuncture therapy, physical therapy and medications. According to the primary treating physician's progress report on May 27, 2015, the injured worker continues to experience lower back with right leg symptoms and neck pain. Examination demonstrated cervical spine range of motion as flexion at 30 degrees, extension at 40 degrees, bilateral lateral flexion at 35 degrees each and bilateral rotation at 50 degrees each. Lumbar spine range of motion was noted as flexion at 50 degrees, extension at 20 degrees, bilateral lateral flexion and bilateral rotation at 25 degrees each. Bilateral upper and lower deep tendon reflexes were within normal limits. There were no sensory or motor strength objective findings noted. Bilateral shoulder range of motion was also decreased. Current medications were not noted. Treatment plan consists of spine consultation, orthopedic evaluation for shoulders, acupuncture therapy, functional capacity evaluation (FCE), acupuncture therapy for flair ups and the current request for FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%,Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%,Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%) 180gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant sustained a work injury in July 2010 and continues to be treated for neck and back pain, bilateral shoulder pain, and right leg pain. She has right carpal tunnel syndrome. When seen, there had been some improvement with acupuncture treatments. There was decreased spinal range of motion and decreased range of motion of the shoulders, wrists, and hips. Recommendations included a functional capacity evaluation and surgical evaluation. Topical compounded cream was prescribed. This request is for a compounded topical medication with components including, Flurbiprofen, baclofen, dexamethasone, and capsaicin. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Additionally, another anti-inflammatory medication, dexamethasone, is included. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Additionally, in this case, two topical anti-inflammatory medications are included in this product which is duplicative. This medication was not medically necessary.