

<b>Case Number:</b>	CM15-0140959		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female sustained an industrial injury on 2-11-08. She subsequently reported back pain. Diagnoses include status post fall with chronic lumbosacral strain, sprain and lumbar discogenic disease with radiculopathy. The injured continues to experience low back pain. Examination revealed reduced range of motion and tenderness to palpation over lower lumbar spine in the midline and over left greater than right sacroiliac joints. A request for Compound cream: Flurbi - Menthol - Caps - Camph cream Qty 1 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:

**Compound cream: Flurbi - Menthol - Caps - Camph cream Qty 1:** 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.

**Decision rationale:** The patient presents on 06/15/15 with lumbar spine pain rated 5/10 which radiates into the bilateral lower extremities and associated leg weakness. The patient's date of

injury is 02/11/08. The request is for COMPOUND CREAM: FLURBI-MENTHOL-CAPS-CAMPH CREAM QTY 1. The RFA is dated 06/18/15. Physical examination dated 06/15/15 reveals tenderness to palpation of the lumbar spine and lumbosacral regions bilaterally, with spasms noted. Lumbar range of motion is noted to be reduced in all planes, and straight leg raise is noted to be negative bilaterally. The patient is currently prescribed Norco and a topical compounded cream. Diagnostic imaging included MRI of the lumbar spine dated 08/18/10, significant findings include: "Severe discogenic disease L5-S1 with a right paracentral protrusion effecting the right anterolateral aspect of the thecal sac and narrowing the right foramen. The facets are osteoarthritic." Patient is currently advised to return to full duty ASAP. Regarding topical analgesics, MTUS guidelines on page 111 do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding Capsaicin, MTUS guidelines state that they are recommended only as an option in patients who have not responded or are intolerant to other treatments. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the request for a compounded cream containing Flurbiprofen, Menthol, Capsaicin, and Camphor, the requested cream contains ingredients which are not supported by guidelines as topical agents for this patient's chief complaint. Topical NSAIDs are only supported for peripheral use, this patient does not present with any peripheral complaints amenable to topical NSAIDs. Furthermore, the progress note and associated RFA do not specify the desired concentrations of the requested ingredients; therefore compliance with Capsaicin recommendations cannot be established. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. The request IS NOT medically necessary.