

<b>Case Number:</b>	CM15-0141695		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 a 54 year old female, who sustained an industrial injury on 10-27-2014. She has reported injury to the neck, right shoulder, and back. The diagnoses have included cervical pain; cervical myospasm; cervical spine sprain-strain with radiculopathy; thoracic spine sprain-strain; lumbar spine sprain-strain with radiculopathy; right shoulder sprain-strain; right shoulder pain; and right shoulder impingement. Treatment to date has included medications, diagnostics, acupuncture, and home exercises. Medications have included Norco, Alprazolam, and topical compounded creams. A progress note from the treating physician, dated 06-04-2015, documented a follow-up visit with the injured worker. The injured worker complains of severe pain in the cervical spine; the pain is described as throbbing, burning neck pain, stiffness, and heaviness; the neck pain is rated at 8 out of 10 in intensity; constant moderate lumbar spine pain; the pain is described as throbbing low back pain, stiffness, and heaviness; and the pain is rated at 7 out of 10 in intensity. Objective findings included cervical spine with decreased ranges of motion with flexion, extension, left lateral bending, right lateral bending, left rotation, and right rotation; and lumbar spine ranges of motion decreased with flexion, extension, left lateral bending, and right lateral bending. The treatment plan has included the request for Compound FBD: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 30 grams-72 hour supply given to patient from office; 240 grams will be mailed to patient's home; and specimen collection and handling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound FBD: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/ Capsaicin 0.025% in cream base 30 grams/72 hour supply given to patient from office. 240 grams will be mailed to patient's home: 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): 111-112.

**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 Baclofen 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 addition, the claimant had been on oral NSAIDS and muscle relaxants. Topical NSAIDS such as Flurbiprofen can reach systemic levels similar to oral medications. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**Speciman collection and handling:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary. As a result, the request to collect and handle the specimen is not medically necessary.