

<b>Case Number:</b>	CM15-0181352		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, New York, 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 applicant is a represented 43-year-old who has filed a claim for chronic finger, hand, wrist, and shoulder pain reportedly associated with an industrial injury of January 3, 2015. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced an office visit of June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant was diagnosed with adjustment disorder with mixed anxiety and depression. The applicant had a Global Assessment of Function (GAF) of 60, it was reported. Ambien and Ativan were endorsed. On July 29, 2015, the applicant was given a rather proscriptive 20-pound lifting limitation. Ongoing complaints of shoulder, hand, and finger pain were reported. On June 24, 2015, the applicant was asked to pursue chiropractic manipulative therapy for ongoing complaints of finger, shoulder, and low back and heel pain, collectively scored at 7/10. Work restrictions were imposed. The note was, at times, difficult to follow. A clear rationale for the topical compounded agent at issue was not seemingly furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375 %, 240grams quantity:  
 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for a flurbiprofen-menthol-camphor-capsaicin containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs such as flurbiprofen, i.e., the primary ingredient in the compound, for treatment of the spine, hip, and/or shoulder pain. Here, two of the applicant's primary pain generators were, in fact, the shoulder and low back, i.e., relatively widespread regions for which there is "little evidence" to utilize topical NSAIDs, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Similarly, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that capsaicin, i.e., the quaternary ingredient in the compound, is recommended only as a last-line agent, for applicants who have not responded to or are intolerant to other treatments. Here, however, there was no mention of intolerance to and/or failure of first-line oral pharmaceuticals present on or around the date in question, June 24, 2015. Since multiple ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.