MAXIMUS Federal Services

| Case Number: | CM15-0186527 | | |
|---|---|---|---|
| Date Assigned: | 09/29/2015 | Date of Injury: | 08/22/2012 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

## 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 55-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of August 22, 2012. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced an August 7, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported ongoing complaints of neck, mid back, low back, and hip pain. The applicant was returned to regular duty work. No seeming discussion of medication selection or medication efficacy transpired. On an order form dated August 10, 2015, the topical compounded agent in question was seemingly prescribed and/or dispensed. On an associated progress note dated August 7, 2015, the treating provider suggested that the applicant employ the topical compound in question on the grounds that previously prescribed Vimovo and Norflex had proven ineffectual.

## 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 5%, 120 gm Qty 2:** 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-cyclobenzaprine-containing topical compound was not medically necessary, medically appropriate, or indicated here..As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. While the attending provider did note that the applicant had failed Vimovo and Norflex, the attending provider nevertheless failed to furnish a clear or compelling rationale for provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compounds such as the agent in question in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers as first-line oral pharmaceuticals. Therefore, the request was not medically necessary.