

Case Number:	CM15-0187667		
Date Assigned:	09/29/2015	Date of Injury:	05/20/2007
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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, North Carolina
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 57 year old, female who sustained a work related injury on 5-20-07. A review of the medical records shows she is being treated for pain, heart related issues and diabetes. In the last few progress notes, the injured worker reports "doing fairly well and stable." The topical creams provide "her significant pain relief as well as allowing her to sleep." On physical exam dated 8-27-15, no physical findings related to any pain complaints. She is not working. The treatment plan includes continuing medicated topical cream, a urology consult and continuing with psychological therapy. In the Utilization Review dated 9-15-15, the requested treatment of compounded creams of Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 0.2%, and Menthol 5% is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 0.2%, Menthol 5%: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to research to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Flurbiprofen is recommended for chronic musculoskeletal pain, but no long-term studies addressing safety or long-term efficacy. In addition, there is no rationale provided as to why a topical NSAID is necessary versus a topical NSAID. Guidelines do not support the use of topical muscle relaxants, such as Cyclobenzaprine. Lidocaine is only recommended in the form of a Lidoderm patch. Any other formulation is not recommended. There is no evidence-based recommendation supporting the use of Menthol or hyaluronic acid. Therefore, the request is not medically necessary or appropriate.