

<b>Case Number:</b>	CM15-0202825		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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:

This is a 60 year old female who sustained an industrial injury on 11-13-2003. A review of the medical records indicates that the injured worker is undergoing treatment for myalgia and myositis, carpal tunnel syndrome and ganglion of joint. According to the progress report dated 3-20-2015, the injured worker complained of total body pain, chronic fatigue and problems sleeping. She complained of morning gel phenomenon-minutes. She reported that Lyrica was not authorized. Per the treating physician (3-20-2015), the injured worker was to remain off work. Objective findings (3-20-2015) revealed "trigger points tenderness 12+" and no new joint swelling. Treatment has included pool therapy, acupuncture and medications. The original Utilization Review (UR) (9-21-2015) denied a request for retrospective Camphor, Menthol crystals, Aldaderm base cream, Flurbiprofen, Lidocaine compound 30gm date of service 8-14- 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Camphor, Menthol crystals, Aldaderm base cream, Flurbiprofen, Lidocaine compound 30gm for DOS 8/14/15: Upheld**

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

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

**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. 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 this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was on oral NSAIDs as well. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). There is no indication of failure of the above. The claimant was on both an SSRI and a Tricyclic. Since the Camphor, Menthol crystals, Alderm base cream, Flurbiprofen, Lidocaine compound 30gm contains the medications not recommended and it had been used for several months, its continued use is not medically necessary.