

<b>Case Number:</b>	CM15-0029599		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old male, who sustained an industrial injury on 7/25/2013, after jumping off stairs, landing on his knees, and jerking his back. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and status post right knee arthroscopy with persistent pain. Treatment to date has included surgical and conservative treatments. Currently, the injured worker complains of low back pain and right leg pain with numbness. Physical exam noted decreased range of motion of the lumbar spine, decreased sensation right S1 distribution, and positive straight leg raise on the right, in sitting and supine position. Current medications were not listed. Magnetic resonance imaging of the lumbar spine, dated 10/14/2014, showed L5-S1 disc protrusion, indenting the ventral epidural fat. Magnetic resonance imaging arthrogram, dated 10/17/2014, showed a small bone island in the lateral femoral condyle and Wilberg type II patella, showing mild lateral subluxation. On 1/26/2015, Utilization Review non-certified a request for Compound cream - #1 Flurbiprofen powder 15%/Cyclobenzaprine powder 10% 120 gram/Alba-derm cream #2 Tramadol HCL powder 8%/Gabapentin powder 10%/Menthol crystals 2%/Camphor crystals 2%/ Capsaicin powder 0.5% 120 gram/Alba-derm cream, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream - #1 Flurbiprofen powder 15%/Cyclobenzaprine powder 10% 120 gram/Alba-derm cream #2 Tramadol HCL powder 8%/Gabapentin powder 10%/Menthol crystals 2%/Camphor crystals 2%/ Capsaicin powder 0.5% 120 gram/Alba-derm cream:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chronic pain, Initial care, Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain affecting the low back and right leg. The current request is for Compound cream - #1 Flurbiprofen powder 15%/Cyclobenzaprine powder 10% 120 gram/Alba-derm cream #2 Tramadol HCL powder 8%/Gabapentin powder 10%/Menthol crystals 2%/Camphor crystals 2%/ Capsaicin powder 0.5% 120 gram/Alba-derm cream. The requesting treating physician report was not found in the documents provided. The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended as a topical product by the MTUS guidelines. Furthermore, since Cyclobenzaprine is not recommended, the requested topical compound is not recommended. Recommendation is for denial.