

<b>Case Number:</b>	CM15-0211195		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 injured worker is a 58 year old female, who sustained an industrial injury on 6-5-13. Medical records indicate that the injured worker is undergoing treatment for left upper extremity overuse syndrome, left shoulder impingement-rotator cuff tear, left carpal tunnel syndrome, cervical disc extrusion, left cervical seven radiculopathy, stress-medication-induced gastritis, anxiety and depression. The injured worker is currently temporarily totally disabled. On (8-13-15) the injured worker complained of ongoing neck, shoulder and upper extremity pain. Objective findings noted the injured worker to be anxious. Cervical spine range of motion was painful. An axial head compression maneuver was positive. Left shoulder abduction was limited to 150 degrees with pain and positive impingement. Also noted was bilateral upper extremity weakness by Jamar with moderate-to-severe bilateral wrist Tinel's signs. Treatment and evaluation to date has included medications, left shoulder MRI, psychological assessments, electrodiagnostic studies, home exercise program, physical therapy and left shoulder arthroscopic surgery. Current medications include Butrans patches and Ambien. The current treatment request is for CMPD (Flurbiprofen-Cyclobenzaprine-Lidocaine-Menthol C-Hyaluronic Acid) 15 Day Supply # 120 with 3 Refills Rx Date 10-6-15. The Utilization Review documentation dated 10- 14-15 non-certified the request for CMPD (Flurbiprofen-Cyclobenzaprine-Lidocaine-Menthol C- Hyaluronic Acid) 15 Day Supply # 120 with 3 Refills Rx Date 10-6-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD Flurbiprofen/Cyclobenzaprine/Lidocaine/Menthol C/Hyaluronic Acid 15 Day Supply Qty 120 with 3 Refills Rx Date 10/6/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Camphor and menthol: Drug information.

**Decision rationale:** This medication is a compounded topical analgesic containing flurbiprofen, cyclobenzaprine, lidocaine, menthol, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Menthol is a topical skin products that is available over the counter and is used for the relief of dry itchy skin. It is not medically necessary and not recommended. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.