

<b>Case Number:</b>	CM15-0211740		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 31 year old female, who sustained an industrial injury on October 03, 2013. The injured worker was diagnosed as having dysthymic disorder. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated October 02, 2015 the treating physician reports complaints of pain to the bilateral clavicular, bilateral hips, bilateral anterior legs, bilateral anterior knees, bilateral ankles, temporomandibular joint, headache, cervical spine, thoracic spine, lumbar spine, bilateral sacroiliac joints, bilateral pelvis, bilateral lower extremities, and bilateral elbows. Examination performed on October 02, 2015 was revealing for decreased range of motion to the cervical spine; tenderness to the cervical spine, thoracic spine, bilateral sacroiliac joints, bilateral buttocks, bilateral lower extremities, and the bilateral knees; and decreased range of motion to the lumbar spine. The injured worker's pain level on October 02, 2015 was rated an 8 out of 10 with a rating of a 9 at its worst and a rating of a 7 at its best. The progress notes from October 02, 2015, August 27, 2015, and July 24, 2015 did not include the injured worker's current medication regimen, but the progress note from August 27, 2015 included the prescriptions for the compound of FCL (Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, Capsaicin, and Hyaluronic Acid), Prilosec, Norco, Lidoderm Patches, and Voltaren Gel. On the treating physician requested compound FCL 20%, 4%, 5% cream at 180gm to decrease pain, increase function and mobility, and decrease the need for additional medications. On October 07, 2015

the Utilization Review determined the request for compound FCL 20%, 4%, 5% cream at 180gm to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CMPD- FCL 20%-4%-5% Cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

**Decision rationale:** The claimant is a 31 year-old female with date of injury of 10/3/2013 who is being treated for dysthymic disorder. The request is for FCL 20%, 4%, 5% cream. The cream contains Baclofen and Flurbiprofen as well as menthol, Capsaicin, Hyaluronic Acid and Dexamethasone. CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Flurbiprofen, an NSAID, is only recommended when oral NSAIDs cannot be tolerated. There is no evidence of intolerance to oral NSAIDs in the medical records. Topical NSAIDs should also not be used for greater than 2 weeks, when indicated. The product also contains Baclofen, a muscle relaxant, which is specifically not recommended for topical use. Therefore the request is not medically necessary or appropriate.