

<b>Case Number:</b>	CM15-0217252		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on 5-9-12. The injured worker was being treated for cervical disc disorder, shoulder tendinitis, lumbar intervertebral displacement without myelopathy, brachial neuritis and neuritis-radiculitis of thoracic lumbosacral spine. On 9-21-15, the injured worker complains of right shoulder, right anterior arm, right anterior elbow, right anterior forearm, right anterior wrist, right anterior hand, chest, right clavicular, throat, left clavicular, headache, right and left foot, left and right ankle, right posterior hand, wrist, knee; right calf, right posterior forearm, left and right cervical, right and left cervical dorsal, left posterior shoulder, arm, elbow, forearm, wrist and hand, left mid thoracic, lumbar and left sacroiliac pain; rated 7 out of 10. She notes the pain is relieved with medication, acupuncture, wave therapy and rest. Work status is noted to be totally temporarily disabled. Physical exam performed on 9-21-15 revealed palpable tenderness at cervical, right cervical dorsal, upper thoracic, left cervical dorsal, sacral, lumbar, left sacroiliac, right sacroiliac, left buttock, right buttock and right anterior shoulder; restricted cervical range of motion, restricted right shoulder range of motion and decreased lumbar range of motion. Treatment to date has included oral medications including Gabapentin and Tramadol, acupuncture and activity modifications. Request for authorization was submitted on 9-22-15 for acupuncture, EMG studies, follow up appointment, spine specialist, FCL topical cream, Gabapentin 100mg and Lidall patches. On 10-12-15 request for Compound medication: FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid .20% in 180 grams) was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: FCL Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid .20% in 180 grams:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Compound medication: FCL Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid .20% in 180 grams, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Compound medication: FCL Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid .20% in 180 grams is not medically necessary.