

<b>Case Number:</b>	CM15-0051636		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/01/1996
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 74 year old female who sustained a work related injury February 1, 1996. Past history included a stroke June, 2013 with residual right sided numbness. According to a physician's office visit dated January 15, 2015, the injured worker stated with medication and use of the stimulator she is able to garden, vacuum the floor and perform activities of daily living. On examination, there is right spasm of the gluteal area over the sciatic notch, bilateral tenderness and spasms of the L3-5 paraspinal muscles, and decreased range of motion of the lumbar spine. Diagnosis is documented as lumbar radiculopathy. The injured worker is s/p stimulator placement. Treatment plan included prescribed medications, urine toxicology screen, and instruction on a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GLFCMK Compound #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, GLFCMK compound #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Flurbiprofen is not FDA approved topical use. In this case, the injured worker's working diagnosis is lumbar radiculopathy. The documentation indicates the injured worker is using Flurbiprofen cream. There is no documentation as to the makeup of GLFCMK compound. On February 11, 2015 there was a peer-to-peer conference call between the utilization review physician and the treating physician. The documentation states they discussed the use of patches and creams. Authorization for patches and Flexeril were to be authorized and the creams (compound) are not to be authorized. There is no discussion as to what components are in GLFCMK compound. Consequently, without additional information as to the makeup of the GLFCMK compound, GLFCMK compound #30 is not medically necessary.