

<b>Case Number:</b>	CM15-0057243		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 7, 2012. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for a topical compounded medication. A RFA form dated February 19, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported multifocal complaints of neck, shoulder, upper back, elbow, hand, and wrist pain, highly variable, 5-8/10. Pain complaints were present 90% of the time. The applicant reported that various activities of daily living, including bending, cooking, cleaning, twisting, dressing, and lifting all remained problematic. Topical compounded medications were prescribed while the applicant was placed off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20% Flurbiprofen, 20% Baclofen, 2% Dextromethorphan, 2% Menthol, 2% Camphor; 2% Capsaicin 0.075% 300 Grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs.

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

**Decision rationale:** No, the flurbiprofen-baclofen-dextromethorphan-menthol-camphor-capsaicin compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider did not furnish a clear rationale for usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experiment" topical compounded medications in favor of first-line oral pharmaceuticals. Therefore, the request was not medically necessary.