

<b>Case Number:</b>	CM15-0058390		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 56-year-old who has filed a claim for chronic knee, wrist, hand, and neck pain reportedly associated with an industrial injury of June 5, 2012. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve several topical compounded medications. A progress note dated February 20, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated February 20, 2015, the applicant reported a multiple of complaints, including wrist pain, hand pain, asthma, atherosclerosis, peripheral vascular disease, and knee arthritis. The applicant was asked to undergo biofeedback therapy for the hands and genetic testing of some kind. Unspecified medications were renewed at the bottom of the report. The applicant was apparently in the process of pursuing a left knee total knee arthroplasty. The applicant's medications included Prilosec, verapamil, albuterol, QVAR, nitroglycerin, Zofran, Motrin, and niacin, it was noted. It was stated that the applicant had issues with both thumb and knee arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% 30grams cream (Flubiprofen/Lidocaine/Verapro): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Pain Mechanisms Page(s): 111-112; 3.

**Decision rationale:** No, the request for a topical flurbiprofen-lidocaine containing cream was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention or description of issues with neuropathic pain evident in the file. Rather, it appeared that the applicant had mechanical issues with hand and knee arthritis which seemingly represented the applicant's primary pain generators. There was no mention of the applicant's having neuropathic pain complaints, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines are characterized by symptoms such as lancinating, numbing, electric, tingling, and/or burning sensations. Here, again, the applicant seemingly had issues with mechanical hand and wrist pain secondary to hand and knee arthritis. This is not an indication for topical lidocaine, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Since the lidocaine component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Gabapentin 10% 30grams cream (Gabapentin powder/Amitriptyline/Capsaicin/Vesapro base):** Upheld

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

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

**Decision rationale:** Similarly, the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, such as oral ibuprofen, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was medically necessary.

**Cyclobenzaprine 10% 30 gram cream (Cyclobenzaprine powder/Lidocaine/Vesapro base):** Upheld

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

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

**Decision rationale:** Finally, the request for a cyclobenzaprine containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the preceding request, the applicant's ongoing usage of first-line oral pharmaceuticals such as oral ibuprofen, it is further noted, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.