

<b>Case Number:</b>	CM15-0089222		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/09/2003
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 48 year old female who sustained a work related injury January 9, 2003. According to a treating physician's notes, dated April 17, 2015, the injured worker presented with continued total body pain, chronic fatigue, and problems sleeping. She complains of pain and swelling in the right hand, especially in the morning. Later in the day the swelling subsides and at night she is unable to sleep due to pain. There are also complaints of bilateral feet pain. She is now taking Lyrica with improvement and reports that the pain implant still in her hip, is awaiting authorization for removal. Diagnoses are Raynaud's syndrome; reflex sympathetic dystrophy syndrome, lower limb. At issue, is the request for compound cream Flurb/Lido/Menthol/Camphor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream Flurb 25%/Lido 5%/Menthol 5%/Camphor cream 1% 190gm with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**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, the requested compound medication 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 with a cream, lotions or gels are indicated for neuropathic pain. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are Raynaud's syndrome; autonomic neuropathy; and reflex sympathetic dystrophy lower limb. The treatment plan contains a list of ongoing medications that include Lyrica, nitropaste ointment 2%, omeprazole, Fosamax, tramadol, Topamax, gabapentin and Procardia. The treating provider prescribed the topical analgesic cream on April 17, 2015. The instructions are to apply to "the affected areas". The affected areas are not documented in the medical record. Topical lidocaine in non-Lidoderm form is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines (for topical analgesics), the request is not medically necessary.