

<b>Case Number:</b>	CM15-0089927		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 39 year old female, who sustained an industrial injury on 1/22/07 Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injections (4/11/11, 5/9/11 5/23/11, 6/28/12, 7/26/12, 8/23/12); selective nerve root blocks (11/28/11, 12/2011 x2); status post DeQuervain's release left wrist; status post lumbar spine microdiscectomy L5-S1; physical therapy; medications. Diagnostics included MRI cervical spine (2/11/13 and 9/27/14); MRI lumbar spine (7/11/12 and 9/27/14); EMG/NCV/DSSEP bilateral lower extremities (2/26/09 and 10/26/11). Currently, the PR-2 notes dated 2/17/15 indicated the injured worker was seen on this date for a Qualified Medical Re-evaluation. She complains of low back pain and left arm and wrist. Her stance is stooped and walks with an antalgic gait favoring the right lower extremity. Inspection of the left upper extremity reveals a well healed surgical scarring consistent with previous De Quervain's release. The shoulder girdle is level, without kyphosis or muscle atrophy. The examination of the left wrist reveals tenderness to palpation over the first dorsal compartment. Motor power is grade 5/5/ in both upper extremities. Sensory response over the C5-C6 and C7 nerve roots is within normal limits on both sides, the biceps, triceps and brachioradialis reflexes are normal and equal bilaterally, the radial and ulnar pulses are normal and equal bilaterally. The lumbar spine reveals a well-healed surgical scarring mid-line. The pelvic girdle is level; no scoliosis or muscle atrophy. There is tenderness over the para-axial musculature with spasticity. There is referred pain to the right buttock and lower extremity. Range of motion is limited. The provider has requested FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%) in 180 grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%) in 180 grams:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical muscle relaxants such as Baclofen due to lack of evidence. In addition there is no additional benefit from Capsaicin in doses higher than .025%. There is also insufficient evidence for the use of topical Hyaluronic Acid. The claimant had also been on topical Lidoderm and oral analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.