

<b>Case Number:</b>	CM15-0237218		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 43 year old female who sustained an industrial injury on 5-29-12. She is not working. Medical records indicate that the injured worker has been treated for right thoracic outlet syndrome: associated double crush symptoms, associated headaches; right piriformis syndrome; status post right shoulder arthroscopic surgery; chronic pain syndrome. She currently (10-22-15) complains of low back pain radiating into the right leg, hip, gluteal areas; right sided neck pain. Physical exam revealed positive right brachial plexus tinel, severe right scalene tenderness, restriction of right shoulder range of motion with positive Adson test on the right; diffuse tenderness throughout the lumbar musculature, right greater than left with severe piriformis tenderness and positive FAIR test. She had an abnormal MRI of the lumbar spine. Treatments to date include medication: Tylenol, hydrocodone, tizanidine, gabapentin, nortriptyline; status post right shoulder arthroscopy; status post bilateral knee surgery; right piriformis trigger point injection with improvement; physical therapy without benefit. In the progress note dated 10-22-15 the treating provider has requested authorization for creams as the injured worker has gastritis and does not tolerate oral medications well. The request for authorization dated 11-2-15 was for flurbiprofen 20%, cyclobenzaprine 4%, Lidocaine 5%, Menthol 5%, Hyaluronic acid 0.2% with 3 refills. On 11-5-15 Utilization review non-certified the request for flurbiprofen 20%, cyclobenzaprine 4%, Lidocaine 5%, Menthol 5%, Hyaluronic acid 0.2% with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Flurbipro/Cyclobenz/Lidocaine/Menthol c/Hyalu day supply: 15 Qty: 120 Refills: 3 Rx date: 11/03/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and the requested formulation contains multiple ingredients with no proven efficacy for topical use. The request for topical flurbiprofen/cyclobenzaprine/lidocaine/menthol/Hyalu #15 with 120 refills is not medically appropriate and necessary.