

<b>Case Number:</b>	CM14-0141630		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/02/1976
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 67 year old male with date of injury 2/2/76. The treating physician report dated 8/5/14 indicates that the patient presents with significant amounts of instability in his various locations of pain. Pain levels are reported as a 7/10. The physical examination findings reveal tenderness in the posterior cervical area, well healed anterior cervical spine scar, well healed lumbar surgical scar with tenderness across the lumbosacral area with 30% reduced ranges of motion, normal shoulder ROM bilaterally with tenderness in the right shoulder, well healed surgical scars of the hips and normal motor and sensory examination. The current diagnoses are: failed lower back syndrome, chronic bilateral hip arthritis status post bilateral total hip replacement, chronic right shoulder pain status post right distal clavicle resections, bilateral carpal tunnel release and chronic posterior neck pain post C5/6 anterior cervical. The utilization review report dated 8/11/14 denied the request for Compound Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, brilocaine and Ketamine based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound flubiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, prilocaine 2%, and ketamine 10%: 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): 111-113.

**Decision rationale:** The patient presents with chronic back, neck and bilateral shoulder pain that is rated a 7/10. The current request is for Compound Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%, and Ketamine 10%. The treating physician states that the patient is unable to take oral anti-inflammatory medications and recommends that the patient continue with CAP cream. The MTUS guidelines do not support the usage of Flurbiprofen 10% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. Additionally MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS also does not support cyclobenzaprine or Gabapentin in topical products. Therefore the request is not medically necessary.