

<b>Case Number:</b>	CM14-0147836		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 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:

This is a 49-year-old female with a 2/1/07 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/21/14, the patient stated that she was experiencing withdrawal symptoms as a result of running out of medications. She had pain in her neck, both elbows, and both wrists. Pain was increased with repetitive use of her arms. She had numbness, tingling, and weakness in her hands as well as radiating pain in her hands. She rated the pain in her upper extremities at a level of 10 out of 10. Objective findings: tenderness and spasm over paravertebral musculature and trapezial musculature bilaterally, palpable tenderness of bilateral elbows and wrists, decreased sensation noted to both hands to all fingers bilaterally. Diagnostic impression: cervical spine musculoligamentous sprain, lateral epicondylitis, bilateral elbows, carpal tunnel syndrome bilaterally. Treatment to date includes medication management, and activity modification. A UR decision dated 8/12/14 denied the request for Compound Topical Medication: Flurbiprofen, Menthol, Camphor, Capsaicin 30gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Medication: Flurbiprofen, Menthol, Camphor, Capsaicin 30gm:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of NSAIDs, such as flurbiprofen in a topical formulation. A specific rationale identifying why this compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Compound Topical Medication: Flurbiprofen, Menthol, Camphor, Capsaicin 30gm was not medically necessary.