

<b>Case Number:</b>	CM14-0154009		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 08/21/2008. According to a progress report dated 09/11/2014, the injured worker reported that symptoms were still persistent. Compounded topical analgesic cream was moderately helpful in conjunction with other oral medications. The injured worker requested to have his work restrictions loosened. Diagnoses included chronic pain syndrome, sprain and strain of other specified sites of hip and thigh and adjustment disorder with depressed mood. Treatments have included medications, electrodiagnostic testing, physical therapy, MRI, chiropractic care and lumbar epidural injection. Treatment plan included Nabumetone, Cyclobenzaprine, Norco, Tramadol, Gabapentin and compounded analgesic cream. Currently under review is the request for fluticasone propionate compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluticasone Propionate Compound Cream 240gm:** 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 5/29/14 attending physician report indicates worsening of chronic low back and left hip pain along with depression. The current request is for Fluticasone Propionate Compound Cream 240 gram. The MTUS does recommend as an option as indicated below. 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. ) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the recommendation is for the treatment of spine and hip pain. MTUS guidelines clearly indicate that there is little evidence to support these agents for the treatment of spine pain. The current request is not supported by MTUS and therefore, the request for Fluticasone Propionate Compound Cream 240 gram is denied and therefore, not medically necessary.