

<b>Case Number:</b>	CM14-0213647		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist, hand, mid back, and low back pain reportedly associated with an industrial injury of July 11, 2014. In a Utilization Review Report dated December 10, 2014, the claims administrator denied a request for topical compounded flurbiprofen-lidocaine compound. The claims administrator suggested that its decision was based on an RFA form of November 20, 2014 but did not describe or summarize the progress note in its determination. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated November 24, 2014, the applicant was given a rather proscriptive 10- to 15-pound lifting limitation. A topical compounded flurbiprofen-lidocaine-amitriptyline cream was endorsed, along with lumbar MRI imaging, multimodality transcutaneous electric therapy device, and acupuncture. The attending provider also suggested that the applicant continue previously prescribed Mobic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flur-Lido-A Cream 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the flurbiprofen containing compound at issue are deemed "not recommended." Here, the applicant's concomitant provision with what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals, such as Mobic, effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary.