

<b>Case Number:</b>	CM14-0217873		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/16/2008
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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

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:

According to the records made available for review, the injured worker is a 53 year-old male with a date of injury of 01/15/2008. The results of the injury include low back pain. Diagnoses have included status post lumbar decompression and posterior lumbar interbody fusion and posterolateral fusion L4-L5. Diagnostic studies were not submitted for review. Treatments have included medications and home exercise plan. Medications have included Norco, Colace, Zanaflex, and a compounded topical analgesic. Surgical interventions have included lumbar decompression and posterior lumbar interbody fusion and posterolateral fusion L4-L5, dated 06/2008. A progress note from the treating physician, dated 11/13/2014, documents an evaluation of the injured worker. The injured worker reported moderate to severe back pain; worsening of symptoms with increased activity; and improvement of symptoms with rest and medications. Objective findings included antalgic gait; difficulty walking; difficulty changing positions; motion is restricted and causes painful symptoms; guarding with motion; and muscle spasm is present. Work status is listed as permanent and stationary. Treatment plan was documented to include continuation of home exercise plan; continue with Norco and Colace; and follow-up evaluation in 6 weeks. Request is being made for a prescription for Compounded Topical Flubiprofen 20%-Cyclobenzaprine 4%-Lidocaine 5%-Tramadol 5%-Hyaluronic Acid .2%. On 12/03/2014, Utilization Review non-certified a prescription for Compounded Topical Flubiprofen 20%-Cyclobenzaprine 4%-Lidocaine 5%-Tramadol 5%-Hyaluronic Acid .2%. Utilization Review non-certified a prescription for Compounded Topical Flubiprofen 20%-Cyclobenzaprine 4%-Lidocaine 5%-Tramadol 5%-Hyaluronic Acid .2% based on evidence-

based guidelines stating that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics. Application for independent medical review was made on 12/19/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compounded Topical Flurbiprofen 20%-Cyclobenzaprine 4%-Lidocaine 5%-Tramadol 5%-Hyaluronic Acid .2%:** 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 request is for a compounded topical medication that contains Flurbiprofen 20%, cyclobenzaprine 4%, lidocaine 5%, tramadol 5%, and hyaluronic acid 0.2%. The medical report that requests the topical medication or that provides a rationale was not provided for this review. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical compound requested contains cyclobenzaprine. The topical compound is reported to contain cyclobenzaprine, a muscle relaxant. MTUS discusses topical muscle relaxants noting a study on baclofen, but states: Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Therefore, the whole compounded topical that contains cyclobenzaprine would not be recommended. The request for Compounded topical Flurbiprofen 20%, cyclobenzaprine 4%, lidocaine 5%, tramadol 5%, and hyaluronic acid 0.2% IS NOT medically necessary.