

<b>Case Number:</b>	CM15-0107793		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female who sustained an industrial injury on 10/7/11. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy and displacement of lumbar intervertebral disc without myelopathy. Currently, the injured worker was with complaints of back discomfort. Previous treatments included medication management, therapy, back brace, physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic treatments and a functional capacity evaluation. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One compound medication: (flurbiprofen 20%, baclofen 3%, dexamethasone 2, menthol 2%, camphor 2%, capsaicin 0.0375% and hyaluronic acid 0.20%) 180 grams:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.