

<b>Case Number:</b>	CM15-0118193		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 52-year-old female who sustained an industrial injury on 09/05/2013. Current diagnoses include right knee sprain/strain rule out internal derangement, right ankle sprain/strain, right foot sprain strain, and right foot plantar fasciitis. Previous treatments included medications, physical therapy, injection, ankle support, orthotics, and heel pads. Previous diagnostic studies included a right foot, right ankle, and right knee MRI. Initial injuries occurred to the right lower extremity when the worker stepped into a three-inch deep hole in the parking lot. Report dated 05/14/2015 noted that the injured worker presented with complaints that included right knee pain with locking and right ankle/foot pain. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the right ankle and right foot, decreased motor testing in the right knee and right foot, and tenderness to palpation over the right forefoot. The treatment plan included request for MRI of right foot/ankle and follow up in 4 weeks. It was noted that the injured worker could return to full duty on 05/14/2015. Disputed treatments include compounded cream flurbiprofen powder/cyclobenzaprine powder/lidocaine powder/PCCA custom base cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded cream Flurbiprofen powder qty. 48, Cyclobenzaprine powder qty. 9.6, Lidocaine powder qty. 12, and PCCA custom base cream qty. 170.4 dispensed on 5/7/15:**  
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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic requested contains Flurbiprofen powder, Cyclobenzaprine powder, and Lidocaine powder in a PCCA custom base cream. The PCCA ( ) cream base has the reported ability to deliver four (4) drugs at once. In this case, Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the topical analgesic containing, Flurbiprofen, Cyclobenzaprine, and Lidocaine powders in a PCCA cream has not been established. The requested topical analgesic compound is not medically necessary.