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| <b>Case Number:</b>   | CM15-0119232 |                              |            |
| <b>Date Assigned:</b> | 06/29/2015   | <b>Date of Injury:</b>       | 07/10/2011 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2015 |

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 40 year old male, who sustained an industrial injury on 7/10/11. He reported feeling something strange in his back, which developed into pain. The injured worker was diagnosed as having a damaged disc. Treatment to date has included MRI, heat/cold therapy, medications, physical therapy, acupuncture and RS4I stimulator unit. The injured worker complained of low back, neck and shoulder pain. The back pain radiated down both of his legs. He also reported headaches. His pain level was rated 5/10. He reported activity and movement increased his pain, which interfered in his activities of daily living. The pain was alleviated by rest, heat/cold therapy, RS4I stimulator and medications. The injured worker was then diagnosed with displacement lumbar intervertebral disc without myelopathy, lumbago and chronic pain due to trauma. A note dated 1/15/13 stated the injured worker did not experience therapeutic efficacy with physical therapy and acupuncture; however documentation of the therapies was not included. The note from 3/4/13 stated continued low back and radiating pain that the injured worker experienced 80% of the time. Relief was noted from the RS4I stimulator unit as it reduced the pain and loosened the muscles allowing more mobility and functioning. It also noted improvement in his nerve pain with medication; however not in his overall pain. The note also stated the injured worker was taking Flexeril for sleep. The note stated the injured worker reported significant efficacy with Gabapentin SR and RS4I unit, which was reported to be 40%. A retrospective request for the compound topical cream, diclofenac/flurbiprofen/cyclobenzaprine/lidocaine, which was dispensed on 3/4/13 is being sought in an effort to improve the injured worker's pain and discomfort.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for compound topical cream Diclofenac/Flurbiprofen/  
Cyclobenzaprine/Lidocaine dispensed on 3/4/13: 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Flurbiprofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the retrospective request for compound topical cream Diclofenac/Flurbiprofen/Cyclobenzaprine/Lidocaine is not medically necessary.