

<b>Case Number:</b>	CM15-0120404		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Texas, New York, 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 63-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 21, 2007. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for flurbiprofen containing topical compound. The applicant's attorney subsequently appealed. In a handwritten note dated May 13, 2015, difficult to follow, not entirely legible, unspecified topical compounded creams, which were described as "heating and cooling creams", were endorsed, seemingly without any supporting rationale, narrative commentary or discussion of medication efficacy. The applicant was described as worsened, it was reported, admittedly through usage of preprinted checkboxes. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In an earlier note dated January 21, 2015, the applicant was described as a "qualified injured worker" suggesting that the applicant was not, in fact, working. On March 25, 2015, the applicant reported multifocal pain complaints, including low back pain, elbow pain, shoulder pain, knee pain, and ankle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%, Capsaicin 0.05% Methanol 5%, Camphor 5% (tubes) QTY: 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** No, the request for a flurbiprofen-capsaicin-menthol-camphor containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicant's who have not responded to or are intolerant of other treatments. Here, there was no mention of the applicant's intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals in multiple progress notes of mid-2015, referenced above. Since the capsaicin component of the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.