

Case Number:	CM15-0122102		
Date Assigned:	07/06/2015	Date of Injury:	05/23/2011
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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: California
Certification(s)/Specialty: Emergency 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 50-year-old male who sustained an industrial injury on 05/23/11. Initial complaints and diagnoses are not available. Treatments to date include medications, unspecified surgery, and physical therapy. Diagnostic studies are not addressed. Current complaints include bilateral wrist, hand, and knee pain as well as back pain. Current diagnoses include cervical intervertebral disc disorder with myelopathy, carpal tunnel syndrome, and internal derangement of the knee. In a progress note dated 05/14/15, the treating provider reports the plan of care as an updated MRI of the right wrist and bilateral knees, as well as topical FCL. The requested treatments include topical FCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, Capaicin, Hyaluronic Acid 180gms): 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 requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." 1)Flurbiprofen: Not Recommended. Topical NSAID may be used short term for musculoskeletal pain. Flurbiprofen is not FDA approved for topical application. There is no rationale as to why there is a need for use of a non-FDA application of this medication when other topical NSAIDs are available. 2)Baclofen: This is a muscle relaxant. It is not FDA-approved for topical application. There is no evidence to support its use topically. 3)Dexamethasone: Not recommended. Dexamethasone is a steroid. There is no information available in MTUS Chronic pain or ACOEM guidelines concerning topical use of steroids for musculoskeletal pains. Review of Official Disability Guide and ACOEM guidelines only mention use of systemic and injectable steroid. There is a significant risk of systemic absorption and side effects. 4)Menthol/Camphor: May have some topical soothing effect. 5)Capsaicin: There is no documentation of a successful trial of this medication or failure of 1st line medication. It does not meet criteria for recommendation. 6)Hyaluronic acid: There is only evidence to support hyaluronic acid in oral or injectable form for severe arthritis. There is no evidence to support its topical use. This compounded cream has multiple non-evidence based medications with potentially severe side effects. Multiple non-evidenced based topical non-FDA approved compounded products can lead to serious side effects and toxicity. This cream is not medically necessary.