

<b>Case Number:</b>	CM15-0126346		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, Florida, 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 injured worker is a 20 year old male, who sustained an industrial injury on 11/3/13. The injured worker has complaints of right forearm pain with radiating pain to right upper extremity. The injured worker has constant weakness to right hand with minimal sensation to right pinky. The diagnoses have included 3rd degree burn to right forearm. Treatment to date has included occupational therapy. The request was for ketoprofen powder 10% 12 gm, cyclobenzaprine HCL powder 3% 3.6 gm, lidocaine HCL 5% 6 gm, alba-derm base cream 72.29% 98.40 gm and flurbiprofen powder 10% 12 gm, capsaicin powder 0.025%, menthol 2% 2.4 gm, camphor Crystals 1% 1.2 gm, alba-derm cream 82.7% 104.37gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketprofen Powder 10% 12 gm, Cyclobenzaprine HCL Powder 3% 3.6 gm, Lidocaine HCL 5% 6 gm, Alba-Derm Base Cream 72.29% 98.40 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

**Decision rationale:** This claimant was injured in 2013 with right forearm pain radiating pain to the right upper extremity with weakness and minimal sensation to the right 5th digit. The diagnoses were a 3rd degree burn to right forearm. Treatment to date has included occupational therapy. The request is for compounded topical medicine. Per the MTUS, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

**Flurbiprofen Powder 10% 12 gm, Capsaicin Powder 0.025%, Menthol 2% 2.4 gm, Camphor Crystals 1% 1.2 gm, Alba-Derm Cream 82.7% 104.37 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

**Decision rationale:** As shared previously, the injured worker is a 20 year old male, who sustained an industrial injury on 11/3/13. There is right forearm pain with radiating pain to right upper extremity. The injured worker has constant weakness to the right hand with minimal sensation to right pinky. The diagnoses have included 3rd degree burn to right forearm. This is a request for a different form of a compounded formulation. As shared previously, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. At this juncture, and like the previous review for a similar product, the request for the compounded medicine is not medically necessary.