

Case Number:	CM15-0127735		
Date Assigned:	07/14/2015	Date of Injury:	09/13/2007
Decision Date:	08/12/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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 61-year-old male, who sustained an industrial injury on September 13, 2007, incurring injuries to his neck, shoulder and lower back. He was diagnosed with cervical disc disease, lumbar disc disease, right shoulder impingement syndrome and rotator cuff syndrome. Treatment included acupuncture, pain medications, proton pump inhibitor and topical analgesic cream. Currently the injured worker complained of cervical, thoracic, lumbar, sacral, buttock and leg pain. He rated his pain an 8 on a pain scale from 1 to 10. The injured worker noted numbness and tingling down his buttocks and into his legs. He complained of frequent stress and anxiety with insomnia secondary to the persistent pain. The treatment plan that was requested for authorization included a prescription for a topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Baclofen 2%, dexamethasone 2%, Menthol 2%, Camphor 2%, capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180gm: 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. A topical NSAID that may be used short term for musculoskeletal pain. Flurbiprofen is not FDA approved for topical application. It is unclear why a non-FDA topical medication was being used when there are multiple other topical NSAIDs available. 2) Baclofen: Not recommended. This is a muscle relaxant. It is not FDA approved for topical use. 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) Capsaicin: Not recommended. Capsaicin may be useful in chronic musculoskeletal or neuropathic pain only after failure of 1st line medication. There is also a requirement for a successful trial of medication. None of this was documented. 5) Hyaluronic acid: Not recommended. This is a glucosamine, it is unclear how or what this is being used for. It may have some benefit in arthritis when used orally or when injected directly into the joint. There is no evidence to support its use topically. 6) Menthol and camphor are fillers with some topical soothing properties. 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 appropriate or necessary.