

<b>Case Number:</b>	CM15-0129603		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/11/1998
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 (IW) is a 64-year-old male who sustained an industrial injury on 12/11/1998. Diagnoses include status post multiple spinal surgeries, including fusion. Treatment to date has included medication, physical therapy, acupuncture, activity modification, implanted intrathecal morphine pump and home exercise. According to the progress notes dated 4/16/15, the IW reported low back pain rated 8+/10 with radiation to the bilateral feet with associated numbness in the feet. Prolonged standing and sitting aggravated the pain. On examination, his gait was antalgic and he walked with crutches. He had difficulty transitioning from sitting to standing. His movement was stiff and guarded. The lumbosacral spine was tender to palpation, range of motion was reduced and painful and straight leg raise was positive bilaterally. A request was made for Flurbiprofen, Capsaicin, Camphor, Menthol cream with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen, Capsaicin, Camphor, Menthol cream with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Analgesics, Compounded Topical NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**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. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain management. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Flurbiprofen, Capsaicin, Camphor, Menthol cream with 1 refill is not medically necessary.