

<b>Case Number:</b>	CM15-0171814		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 46-year-old male worker who was injured on 11-22-2011 due to a fall. The medical records reviewed indicated the injured worker (IW) was treated for cervical and lumbar disc protrusion; cervical and lumbar radiculopathy; and lumbar sprain, strain. The progress notes (2-25-15 to 4-22-15) indicated the IW had constant neck pain rated 7 out of 10, radiating to the upper extremities and constant low back pain radiating to the bilateral lower extremities with numbness and tingling rated 8 to 9 out of 10. On physical examination (4-22-15) cervical range of motion (ROM) was (in degrees): flexion 40, extension 40, right and left rotation 60 and right and left lateral flexion 25. Lumbar ROM was flexion 25, extension 10 and right and left lateral flexion 10. Medications were Terocin patch, Ibuprofen, Norco and Flexeril. Per the notes (4-6-15), the IW was working on a home exercise program and a weight loss program, losing 14 pounds. Other treatments included numerous acupuncture sessions from 2012 to 2014 and at least five sessions of physical therapy, according to the submitted therapy notes. A Request for Authorization asked for compounded topical cream Propylparaben crystals 0.0004%, Methylparaben 0.0008%, Dexamethasone 0.2%, Hyaluronic acid powder 0.2%, purified water 1.7988%, Baclofen 10% and Flurbiprofen 20%. The Utilization Review on 8-19-15 non-certified the request for compounded topical cream Propylparaben crystals 0.0004%, Methylparaben 0.0008%, Dexamethasone 0.2%, Hyaluronic acid powder 0.2%, purified water 1.7988%, Baclofen 10% and Flurbiprofen 20%, as the CA MTUS guidelines were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Propylparaben Crystals 0.0004%, Methylparaben 0.0008%, Dexamethasone 0.2%, Hyaluronic Acid Powder 0.2%, Purified Water 1.7988%, Baclofen 10%, Flurbiprofen 20% topical cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Propylparaben Crystals 0.0004%, Methylparaben 0.0008%, Dexamethasone 0.2%, Hyaluronic acid powder 0.2%, Purified water 1.7988%, Baclofen 10%, and Flurbiprofen 20% topical cream is not necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical disc protrusion; cervical radiculopathy; lumbar sprain strain; lumbar disc protrusion; and lumbar radiculopathy. Date of injury is November 22, 2011. Request for authorization is August 12, 2015. The most recent progress note in the medical record is dated June 10, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization August 12, 2015. The progress note dated June 10, 2015 contains a request for a different topical analgesic Flurbi (NAP) cream and Gabacyclotram. There is no clinical discussion, indication or rationale for Propylparaben crystals 0.0004%, Methylparaben 0.0008%, dexamethasone 0.2%, hyaluronic acid powder 0.2%, purified water 1.7988%, baclofen 10%, and Flurbiprofen 20% topical cream. Topical Baclofen is not recommended. Flurbiprofen is not FDA approved for topical use and not recommended. Any compounded product that contains at least one drug (Baclofen and Flurbiprofen) that is not recommended is not recommended. Consequently, Propylparaben crystals 0.0004%, Methylparaben 0.0008%, dexamethasone 0.2%, hyaluronic acid powder 0.2%, purified water 1.7988%, Baclofen 10%, and Flurbiprofen 20% topical cream is not recommended. Based on clinical information and medical record, peer-reviewed evidence-based guidelines and no contemporaneous clinical documentation on about the date of request for authorization (August 12, 2015), Propylparaben Crystals 0.0004%, Methylparaben 0.0008%, Dexamethasone 0.2%, Hyaluronic acid powder 0.2%, Purified water 1.7988%, Baclofen 10%, and Flurbiprofen 20% topical cream is not necessary.