

<b>Case Number:</b>	CM15-0174052		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/02/2006
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic neck, arm, hip, low back, and foot pain reportedly associated with an industrial injury of January 2, 2006. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced an August 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 20, 2015, topical compounded was endorsed for ongoing issues of post-laminotomy syndrome and fibromyalgia (FM). In an associated progress note dated August 12, 2015, the applicant was described as having widespread pain complaints attributed to fibromyalgia. Trigger point injections were performed while topical compounds were endorsed. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of compound cream: Flurbi/Cyclo/Lido/Hyaluronic/Menth 20/4/2/0.2/5% 240gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for a flurbiprofen-cyclobenzaprine-lidocaine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredient in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, furnish a clear or compelling rationale for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compound such as the agent in question in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Therefore, the request was not medically necessary.