

<b>Case Number:</b>	CM15-0179497		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 42 year old male who sustained an industrial injury on 2-27-14. The injured worker reported right ankle discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for tear of the medial deltoid ligaments, status post removal of fixation of medial malleolus, status post fracture of medial malleolus. Medical records dated 6-23-15 indicate "continuation of pain of deltoid ligament." Provider documentation dated 6-23-15 noted the work status as temporary totally disabled. Treatment has included a right ankle magnetic resonance imaging (9-25-14), radiographic studies, injection therapy, ankle immobilizer, status post right ankle fixation (3-11-14), and physical therapy. Objective findings dated 6-23-15 were notable for medial aspect of right ankle with swelling and pain. The original utilization review (8-14-15) denied a request for Compound medication: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, 240 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, 240 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Cyclobenzaprine: Not recommended for topical application. It is not FDA approved for topical application. 3) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. Patient does not have any neuropathic pain. There is no justification for this compounded product. There is not a single recommended substance in it. It is unclear why provider prescribed a compounded product with unknown efficacy and safety. Not recommended.