

Case Number:	CM15-0090812		
Date Assigned:	05/15/2015	Date of Injury:	06/05/2011
Decision Date:	06/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Tennessee
 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 56-year-old female, who sustained an industrial injury on 6/5/2011. The current diagnoses are status post knee arthroscopy, lumbar intervertebral disc disorder with myelopathy, carpal tunnel syndrome, and status post right wrist joint replacement. According to the progress report dated 4/3/2015, the injured worker complains of right knee, low back, wrist, and shoulder pain. Her current pain is rated 6/10 on a subjective pain scale. She rates her pain 8/10 at its worst and 5/10 at its best. The physical examination reveals tenderness to palpation in the right anterior shoulder, right anterior wrist, right anterior knee, and lumbar region. There is restricted range of motion in the right shoulder, wrist, knee, and lumbar spine. Treatment to date has included medication management, MRI studies, physical therapy, electrodiagnostic testing, and surgical intervention. The plan of care includes prescription for compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL: Flurbiprofen 20 Percent/Baclofen 2 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .0375 Percent/Hyaluronic Acid .20 Percent 180 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Up-To-Date: Camphor and menthol: Drug information, Up-To-Date: Dexamethasone: Drug information, Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain; Official Disability Guidelines: Knee & Leg, Hyaluronic Acid.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Baclofen is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. Dexamethasone is a corticosteroid used systemically or ophthalmically. It is not recommended as a topical preparation. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be medically necessary.