

<b>Case Number:</b>	CM13-0048131		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	04/16/2005
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old female presenting with a work-related injury on April 16, 2005. The patient complained of pain in the low back and bilateral wrist, as well as the elbow. The claim covers neck pain, low back, bilateral carpal tunnel syndrome, trigger finger, and lateral upper epicondylitis. On March 26, 2013, the patient complained of persistent neck pain radiating to the bilateral upper extremity. The physical exam was significant for positive Spurling's maneuver, with well-healed carpal tunnel guards about the bilateral, limited lumbar range of motion with noted. The patient's medications include Flexeril, Naprosyn, and Tramadol. According to the medical records, the patient was permanent and stationary. On that day, permanent work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF COMPOUND MEDICATION FLUR/CYCLO/CAPS/LID  
10%2%0.0125%1%, LIQ-SPRAY TO AFFECTED AREA 2 TO 3 TIMES DAILY:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale: PRESCRIPTION OF COMPOUND MEDICATION**

FLUR/CYCLO/CAPS/LID 10%2%0.0125%1%, LIQ-SPRAY TO AFFECTED AREA 2 TO 3 TIMES DAILY is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Lidocaine for treatment of pain associated with the spine, hip or shoulder; therefore, the compounded topical cream is not medically necessary.