

<b>Case Number:</b>	CM14-0146462		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/13/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Medicine and is licensed to practice in Texas. 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 injured worker is a 47 years old female who had a work-related injury on 08/13/10. She was walking from the classroom down to the restroom. There was some water on the floor by a drinking fountain. She walked into it, she related that it happened very quickly. She lost her balance, her feet went out in front of her and she fell backwards, breaking her fall with her right hand. At best as she could recall she ended up in a seated position with her right hand behind her. She believes she got up by herself or someone might have helped her up. She reported the incident. X-ray of the right wrist dated 08/13/10 whole avulsion fracture of the ulna. X-rays of the left elbow dated 08/13/10 no fracture noted. She was given medications included Naproxen and Hydrocodone. She was returned to modified duties. MRI scan of the lumbar spine dated 10/25/10, L3-4 3mm disc bulge, L4-5 3mm posterior osteophytes, L5-S1 level no disc bulge. She had physical therapy sessions but did not help her so she stopped. She was diagnosed with mechanical back pain, right knee pain, and right thumb and left elbow injuries. The date of injury was listed as 08/13/10. Most recent medical record submitted for review is dated 03/10/14. The injured worker is complaining of low back pain which had a constant discomfort. It had become worse causing the handicap to rarely precluding activities with attempts at heavy lifting, pushing, pulling, and repetitive bending. When she is in a car, she is good for about 45 minutes maximum. Right wrist and hand she stated was her right thumb that bothered her. Her major problem was weakness. She had intermittent weakness that would become more constant to rarely significant in causing the handicap with very heavy gripping such as unscrewing a jar lid. She is right-handed. She had no numbness or problems with fine manipulation. Right knee exam she related that after the original injury it resolved. There is no interval treatment. Physical examination of the neck range of motion of the cervical spine 50 degrees, extension is 60 degrees, rotation is 80 degrees, lateral bending is 45 degrees. There is no tenderness over the cervical spine or

paraspinal muscles. Normal neurologic examination of upper extremities. Physical examination of the elbows bilaterally. Range of motion of both elbows flexion is 140 degrees. Extension is 140 degrees pronation and supination is 80 degrees. There is no tenderness over the elbows bilaterally. There is no tenderness over the ulnar nerve. Tinel's sign is negative over both elbows. Examination of wrist and hands bilaterally. There is a 6cm volar radial scar from the operation that is nontender. There is no swelling in either wrist or hand. Range of motion of the right and left wrist dorsi flexion is 40 degrees, 60 degrees palmar flexion on the right, 50 degrees on the left. Radial deviation is 20 degrees on the right, 10 degrees on the left ulnar deviation is 15 degrees bilaterally. Sensation is intact. Tinel's and Phalen's signs are negative bilaterally. Examination of the lumbar spine, the gait is antalgic favoring the right leg due to pain in the right knee. Inspection of the shoe show mildly symmetrical wear on the right. There is tenderness over the lumbar spinous processes and there spinous ligaments on the left sciatic notch. There is no tenderness over the posterior or superior iliac spine, right sciatic notch, sacrum, coccyx, posterior calves or thighs. Percussion of the lower lumbar segments does not elicit pain or discomfort. There is no paravertebral muscle spasm. Range of motion of lumbar spine flexion is 30 degrees, extension is 30 degrees, lateral bending is 15 degrees. There is complaint of pain on maximum motion of the lumbar spine. There is asymmetry and spasm on range of motion of the lumbosacral spine. Toe and heel standing area accomplished while holding onto the counter. Straight leg raising is positive on the right at 5 degrees and positive on the left at 10 degrees. Patella and ankle reflexes are 2+ and symmetrical. Diagnoses include disc herniation of myelopathy in the lumbar spine, sciatic neuritis, spinal stenosis of lumbar spine, difficulty walking, lumbago, lumbar myalgia, lumbar myospasm, back pain, and lumbar sprain/strain. Prior utilization review on 08/15/14 was non-certified. Current request is for retrospective review Flurbiprofen 30%, Capsaicin 0.025%, Methyl Salicylate 4% in Lipoderm base, DOS 05/08/13 and Gabapentin 10%, Ketoprofen 10%, Tramadol 10%, Cyclobenzaprine 2% in Lipoderm base.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective review Flurbiprofen 30%, Capsaicin 0.025%, Methyl Salicylate 4% in lipoderm base, DOS 5/8/13: Upheld**

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

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: flurbiprofen which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, this request is not medically necessary as it does not meet established and accepted medical guidelines.