

<b>Case Number:</b>	CM14-0154745		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 43-year-old female with a 5/11/09 date of injury. A specific mechanism of injury was not described. According to a handwritten and largely illegible progress report dated 7/14/10, the patient complained of constant lumbar spine pain radiating to bilateral legs with burning and moderate to severe cervical spine pain radiating to bilateral upper trapezius. Objective findings: cervical/lumbar paraspinal muscle tenderness walks with slight limp from left leg. Diagnostic impression: lumbar spine sprain/strain, cervical spine sprain/strain. Treatment to date: medication management, activity modification. A UR decision dated 8/26/14 denied the retrospective request for flurbiprofen/diclofenac, capsaicin/menthol/camphor/diclofenac/tramadol/amitriptyline/tramadol (duration unknown and frequency unknown) dispensed on 7/14/14. Compounded medications are considered experimental/investigational and are, therefore, not medically necessary or a standard of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for flurbiprofen/diclofenac, capsaicin/menthol/camphor/diclofenac/tramadol/amitriptyline/tramadol (duration unknown and frequency unknown) (DOS 7/14/2014): 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 9792.24.2 Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of the NSAID, Flurbiprofen, tramadol, or amitriptyline in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective request for Flurbiprofen/Diclofenac, capsaicin/menthol/camphor/diclofenac/tramadol/amitriptyline/tramadol (duration unknown and frequency unknown) (DOS 7/14/2014) is not medically necessary.