

<b>Case Number:</b>	CM13-0016732		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 44 year old male who was injured on 9/10/09. He was later diagnosed with lumbar disc protrusion, lumbar muscle spasm, lumbar musculoligamentous injury, and lumbar radiculopathy. Over the years he had been treated with physical therapy, home exercises, acupuncture, oral medications, lumbar injections. He was seen by his treating physician on 8/06/13, complaining of low back pain rated at a 7/10 pain level as well as reported a recent epidural and vicodin were helping reduce his pain. He also reported that he had seen an orthopedic surgeon who recommended surgery, to which the worker agreed, although another orthopedic doctor had disagreed with this assessment. Examination revealed a slow antalgic gain, normal sensation and strength in legs, but with tenderness and spasm to the lumbar paravertebral muscles. He was then prescribed Vicodin, Flexeril, omeprazole, gabapentin, and multiple topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240 FM CAPSAICIN 0.025% FLUBIPROFEN 30% METHYL SALICYLATE 4%:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical Analgesics Page(s): 28-29; 111-112.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. It also states that topical NSAIDs are largely experimental and trials have been inconsistent and short in duration, but have not been approved for use on the spine, hips, or shoulders. In the case of this worker, there was no documentation stating the reason why topical analgesics were recommended in order to consider this use as an exception. Therefore, the 240 GM CAPSAICIN 0.025% FLUBIPROFEN 30% METHYL SALICYLATE 4% and the 240 GM FLUBIPROFEN 20% TRAMADOL 20% are not medically necessary.

**240 GM FLUBIPROFEN 20% TRAMADOL 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical Analgesics Page(s): 28-29, 111-112.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. It also states that topical NSAIDs are largely experimental and trials have been inconsistent and short in duration, but have not been approved for use on the spine, hips, or shoulders. In the case of this worker, there was no documentation stating the reason why topical analgesics were recommended in order to consider this use as an exception. Therefore, the 240 Gm Flurbiprofen 20%, Tramadol 20% is not medically necessary.

**240 GM AMYTRIPTYLINE 6% DEXTROMETHORPHAN 30% TRAMADOL 10%:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS is silent in regards to topical amitriptyline. However it does state that topical anti-epileptics as there is no evidence for use as a topical product. Dextromethorphan has anti-epileptic properties and would be considered not recommended under MTUS Chronic Pain Guidelines. No explanation as to why the use of this topical agent would be warranted or an exception to the guidelines. Therefore the 240 GM AMYTRIPTYLINE 6% DEXTROMETHORPHAN 30% TRAMADOL 10% is not medically necessary.

**240GM CYCLOBENZAPRINE HCL 2% FLURIPROFEN 30%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Compound Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS for Chronic Pain states that muscle relaxants are not recommended to be used as topical agents as there is no evidence for use. Also see #1 for more rationale considering this topical NSAIDs. Therefore, the 240GM CYCLOBENZAPRINE HCL 2% FLURIPROFEN 30% is not medically necessary.