

<b>Case Number:</b>	CM13-0026394		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty certificate in Fellowship Trained in Cardiovascular Disease, 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 physician 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 59-year-old female who reported an injury on 11/29/2011. The mechanism of injury was noted as the patient gradually developed hand and wrist discomfort while working. Her diagnoses include cervical discopathy, lumbar discopathy, carpal tunnel/double crush syndrome, MRI evidence of tear of the triangular fibrocartilage and SLAC of the left wrist, De Quervain's syndrome, and sleep difficulty. Her symptoms include hand and wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flu/Cyclo/Caps/Lid (new) 10%/2%/0.0125%/1% liq. #120:** Upheld

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

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

**Decision rationale:** A request was made for a solution containing flurbiprofen, cyclobenzaprine, capsaicin, and lidocaine. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. It further states that any compounded topical product that contains at least 1 drug, or drug class, that is not recommended, is not recommended. The Guidelines state that non-steroidal anti-inflammatory topical agents have shown inconsistent efficacy in clinical trials. It further states that topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, and has a diminishing effect over another 2-week period. The Guidelines state that for the use of topical lidocaine, the only FDA approved formulation is the Lidoderm patch. It further states that only FDA approved products are currently recommended. In regard to capsaicin, the Guidelines state that the topical form is only recommended as an option in patients who have not responded or are intolerant to other treatments. Regarding cyclobenzaprine, the Guidelines state that baclofen is not recommended, and there is no evidence for use of any other muscle relaxant as a topical product. As the Guidelines do not recommend cyclobenzaprine for topical use or lidocaine in any form besides Lidoderm patches, the compounded product request is not supported by Guidelines. Therefore, the request for Flu/Cyclo/Caps/Lid (new) 10%/2%/0.0125%/1% liq. #120 is non-certified.

**Ketop/Lido/Cap/Tram 15%/1%/0.0125%/5% liq. #60:** 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): 111-113.

**Decision rationale:** The Physician Reviewer's decision rationale: A request was made for a compounded solution containing ketoprofen, lidocaine, capsaicin, and tramadol. The Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines specify that any compounded topical product that contains at least 1 drug, or drug class, that is not recommended, is not recommended. The Guidelines state that the efficacy of non-steroidal anti-inflammatory topical agents has been inconsistent. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, and has a diminishing effect over another 2-week period. The Guidelines state that the only FDA approved and recommended form of topical lidocaine is the Lidoderm patch. Capsaicin is recommended for topical use only as an option in patients who have not responded or are otherwise intolerant to other treatments. The documentation submitted for review did not show that the patient had an adequate trial of antidepressants or anticonvulsants prior to being prescribed this topical analgesic compound. Additionally, there was not detailed documentation regarding other agents that the patient did not respond to or was intolerant to. As this detailed documentation was not provided, and the use of topical lidocaine is only recommended in the form of a Lidoderm patch, the request for this compounded topical medication is not supported. Therefore, the request for Ketop/Lido/Cap/Tram 15%/1%/0.0125%/5% liq. #60 is non-certified.

