

<b>Case Number:</b>	CM13-0027465		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This patient is a 58-year-old male with date of injury on 05/18/2011. The progress report dated 09/03/2013 by [REDACTED] indicates that the patient's diagnoses include cervical discopathy, lumbar discopathy, left shoulder impingement, rotator cuff pathology, internal derangement of left hip, status post right total hip replacement and internal derangement, left knee. The patient continues to complain with persistent pain in the left knee. He has constant severe neck pain and chronic headaches. The patient also complains of low back pain. The exam findings included tenderness in the cervical spine area with positive axial loading compression test and restricted range of motion. There is tenderness to palpation in the left shoulder, anterior glenohumeral region and subacromial space with positive Hawkins' and impingement sign. The lumbar spine exam revealed tenderness of the mid to distal lumbar segments. There is pain with terminal motion, positive seated nerve root test. The exam of the left knee showed tenderness to the left knee joint line with positive McBurney's sign, positive compression test, and pain with terminal flexion. The utilization review letter dated 09/12/2013 issued non-certification of two topical creams. The first one contained Ketoprofen, Lidocaine, Capsaicin, and Tramadol. The second cream contained Flurbiprofen, Cyclobenzaprine, Capsaicin, and Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 15% Lidocaine 1% Capsaicin 0.012% Tramadol #60: Upheld**

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

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

**Decision rationale:** The patient continues with multiple areas of pain including neck pain, low back pain, and upper and lower extremity pains. The topical cream with Ketoprofen, Lidocaine, Capsaicin, Tramadol is not supported by MTUS Guidelines. The California MTUS page 111 to 113 states that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The California MTUS specifically states that Ketoprofen is not currently FDA approved for topical application. It has an extremely high incidence of photocontact dermatitis. Lidocaine is only approved for topical use in the form of a dermal patch. The California MTUS specifically states that no other commercially approved topical formulation of Lidocaine whether creams, lotion, or gels are indicated for neuropathic pain. The ingredients of this topical cream do not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.

**Flurbiprofen 10% Cyclobenzaprine 2% Capsaicin 0.0125% Lidocaine 1% #120:** Upheld

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

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

**Decision rationale:** The patient continues with significant pain in the cervical and lumbar spine with headaches and upper and lower extremity pains. The topical cream which includes Flurbiprofen, Cyclobenzaprine, Capsaicin, and Lidocaine is not supported by MTUS Guidelines. The California MTUS Guidelines for topical analgesics on page 111 to 113 states that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. This topical cream contains Cyclobenzaprine which MTUS Guidelines specifically state that there is no evidence for use of any other muscle relaxants as a topical product. This cream also contains Lidocaine. The California MTUS only supports topical Lidocaine in the form of dermal patch. It specifically states that no other commercially approved topical formulation of Lidocaine whether creams, lotion, or gels are indicated for neuropathic pain. The ingredients in this topical cream are not supported by MTUS Guidelines. Therefore, recommendation is for denial.