

<b>Case Number:</b>	CM13-0031894		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

The patient is a 62-year-old man who sustained a work-related injury on October 20, 2011. Subsequently, the patient developed low back pain. According to the note dictated on February 5, 2013, the patient physical examination demonstrated lumbar tenderness with range of motion. The patient was treated with physical therapy with mild improvement. There is no documentation of diffuse of her medications. Provider requested authorization to use topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUND (KETOPROFEN 15%/LIDOCAINE 1%/CAPSAICIN .0125%/TRAMADOL 5%) #60 WITH THREE REFILLS:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain

control. That has limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant), as required by guidelines. Therefore, Ketoprofen 15% /Lidocaine 1%/ Capsaicin 0.0125%/Tramadol 5% #60 x3 refills is not medically necessary.

**TOPICAL COMPOUND (FLURBIPROFEN 10%/CYCLOBENZAPRINE 2%/CAPSAICIN .0125%/LIDOCAINE 1%) #120 WITH THREE REFILLS:** Upheld

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

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

**Decision rationale:** According to MTUS in the Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That has limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). Therefore, Flur 10%/Cyclobenzaprine 2%/Capsaicin 0.0125%/ Lidocaine 1% @ 120x3 refills is not medically necessary.