

<b>Case Number:</b>	CM13-0034427		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/04/1997
<b>Decision Date:</b>	02/15/2014	<b>UR Denial Date:</b>	09/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 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 is a 46-year-old injured worker with date of injury April 4, 1997, with history of constant low back pain with radiation to bilateral lower extremities. The patient is requesting compound medicines of flurbiprofen/cyclobenzaprine 15%/10%, 180 gm and a second compound medicine of tramadol/gabapentin/menthol/camphor/capsaicin 8%/10%/2%/2%/0.05%, 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine 15%/10%, 180gm:** 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): 112-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, "Flurbiprofen a NAIDS Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class)

that is not recommended is not recommended. In this case the request cannot be supported. The request for Flurbiprofen/Cyclobenzaprine 15%/10%, 180gm, is not medically necessary and appropriate.

**1 prescription of Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8%/10%/2%/2%/0.05%, 180gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS, Official Disability Guidelines and National Guidelines Clearinghouse does not provided any evidence-based recommendation regarding the topical application of Menthol, Tramadol, Gabapentin or Camphor. According to the Chronic Pain Medical Treatment Guidelines, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy". In this case the request cannot be supported. The request for 1 prescription of Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8%/10%/2%/2%/0.05%,180gm, is not medically necessary and appropriate.