

<b>Case Number:</b>	CM13-0037094		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Occupational 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 an employee of [REDACTED] and has filed a claim for herniated lumbar disk associated with an industrial injury date of August 23, 2002. Utilization review from October 8, 2013 denied the requests For Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% Topical Cream #30gm due to no guidelines for use of topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) as treatment for spinal osteoarthritis or neuropathic pain and weight loss program due to no discussion of appropriate strategies for weight loss including nutrition, physical activity, lifestyle changes, medications, and surgery. Treatment to date has included opioid and non-opioid pain medications and home exercise program. Medical records from 2013 reviewed showing the patient complaining of constant pain in the back and legs. The patient uses a cane and was prescribed Terocin lotion previously. The patient complains of radiating pain to the bilateral feet with numbness and tingling as well as weakness of the bilateral lower extremities. On examination, the lumbar spine was noted to be tender with spasms all over the paravertebral musculature. The patient is unable to perform flexion and extension; range of motion is limited. Neurologic exam demonstrated decreased sensation in the right thigh. The Flurbiprofen/Menthol/Camphor/Capsaicin compound medication is being prescribed to reduce impact on the patient's Gastrointestinal (GI) system. The weight loss program is being requested due to the patient's excessive weight, which contributes to the clinical signs and symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 25%-MENTHOL 10%-CAMPHOR 3%-CAPSAICIN 0.0375%  
TOPICAL CREAM #30GM: Upheld**

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The California MTUS supports a limited list of Non-Steroidal Anti-Inflammatory Drugs (NSAID) topicals which does not include Flurbiprofen. California MTUS state that capsaicin is only recommended as an option patient not responded or are intolerant to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the (ODG) Official Disability Guidelines, Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical Over The Counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient was first prescribed this topical medication in September 2013. However, the patient has been using compounded topicals previously but did not discuss the beneficial effects of the medication such as improved activities of daily living. In addition, the medication is being prescribed to reduce the effect on the GI system; there were no complaints of GI upset from the oral medications. As such, there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% Topical Cream #30gm is not medically necessary.

**██████████ WEIGHT LOSS PROGRAM: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with The Body Mass Index (BMI) greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have

failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient's weight is noted to have a significant contribution in the patient's clinical problems. However, there has been no discussion concerning lifestyle modifications the patient has attempted. The progress notes did not document the patient's current BMI. There were no indications that the patient has other comorbid diseases which would necessitate a physician supervised weight loss program. Therefore, the request for weight loss program is not medically necessary.