

<b>Case Number:</b>	CM13-0039431		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 and is licensed to practice in Illinois. 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 31-year-old female who reported an injury on 02/01/2010. The mechanism of injury was not provided for review. The patient ultimately underwent left carpal tunnel release in 09/2013. The patient's most recent clinical examination revealed tenderness to palpation of the paravertebral musculature at the cervical and lumbar spine. The patient had disturbed sensation in the L5-S1 dermatomes with a positive straight leg raising test. The patient had positive Tinel's and positive Phalen's sign with a weak grip of the right wrist. Examination of the left wrist revealed a well approximated carpal tunnel release scar. The patient's diagnoses included severe lumbar discopathy, carpal tunnel syndrome of the right wrist, left shoulder tendonitis with impingement syndrome, right shoulder impingement syndrome with possible partial tear of the supraspinatus tendon, bilateral knee medial meniscus tear, hip internal derangement, and status post left carpal tunnel release surgery. The patient's treatment plan included postoperative physical therapy, activity modification, and medications for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketop/Lidoc/Cap/Tram 15%, 1%, 0.0125% Liq, QTY: 60 with refill #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of Pain and Symptoms,2009 -Elsevier

**Decision rationale:** The requested ketoprofen/Lidocaine/Capsaicin/tramadol 15%, 1%, 0.012/5% quantity 60 with refill #1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics as they are largely experimental and there is little scientific support to support efficacy. Additionally, the use of ketoprofen is not supported by guideline recommendations and is not FDA approved in a topical formulation. The California Medical Treatment Utilization Schedule does not recommend the use of Lidocaine as a cream formulation as it is not FDA approved in this formulation for the treatment of neuropathic pain. Also, Capsaicin is not supported by guideline recommendations unless the patient has failed to respond to other first line therapies. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to other first line therapies to include oral analgesics. Peer reviewed literature does not support the use of tramadol as a topical analgesic as there is little scientific evidence to support the safety and efficacy of opioids in a topical formulation. The California Medical Treatment Utilization Schedule states that any topical compound that contains at least 1 drug or drug class that is not recommended is not supported by guideline recommendations. Therefore, the use of ketoprofen/Lidocaine/Capsaicin/tramadol 15%/1%/0.012/5% quantity 60 with refills #1 is not medically necessary or appropriate.

**A prescription for D/S:15-Flur/Cyclo/Lid 10%/2%0.0125%/1% Liq. QTY: 120 with refill #1, Days: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

**Decision rationale:** The requested D/S 15 Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10%/2%/0.0125%/1% quantity 120 with refills #1 for 30 days is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs such as Flurbiprofen unless there is a failure of the patient to tolerate oral formulations or if oral formulations are contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of Cyclobenzaprine as there is little to no scientific evidence to support the efficacy and safety of this medication as a topical agent. Also, the California Medical Treatment Utilization Schedule does not recommend the use of Lidocaine in a cream formulation as it is not FDA approved as a cream to treat neuropathic pain. Capsaicin is not supported by guideline recommendations unless there is a failure to respond to other first line treatments. The clinical documentation

submitted for review does not provide any evidence that the patient has failed to respond to other first line treatments to include oral medications. Additionally, the California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Therefore, the use of Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10%/2@/0.0125%/1% quantity 120 with refills #1 for 30 days is not medically necessary or appropriate.