

<b>Case Number:</b>	CM13-0051658		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Orthopedic Surgery 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 claimant is a 46-year-old female injured in a work related accident on December 10, 2007. Records document a long history of low back complaints postdating the injury, for which the claimant is status post a prior L4-S1 interbody fusion. Recent clinical records dated January 13, 2014 document continued chief complaints of low back pain; physical examination shows tenderness to palpation at the "top of palpable hardware." There was reproducible pain to palpation with no significant radicular findings documented. Plain film radiographs demonstrated satisfactory position of the hardware with the exception of radiolucency around the cage placement at the L4-5 level on flexion and extension views. The claimant was diagnosed with lumbar disc disease with radiculopathy status post fusion. At present, there are recommendations for continuation of medications to include two topical compounds -- the first to contain Flurbiprofen, Cyclobenzaprine, Capsaicin and Lidocaine and the second to contain Ketoprofen, Lidocaine, Capsaicin and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluribiprofen/Cyclobenzaprene/Capsaicin/Lidocaine:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines recommend that if any one agent is not supported in a topical compound, the agent itself is not supported. The Guidelines also recommend that compounds are known to be largely experimental with few randomized clinical trials demonstrating efficacy or safety. In this instance, there is no current indication for the use of topical muscle relaxants, with clinical literature not demonstrating their benefit in the topical setting. Lidocaine and Capsaicin are also only recommended as second-line options in individuals who have not responded to or are intolerant of first-line therapies. Given the above guidelines, the role of a topical compound containing Flurbiprofen, Cyclobenzaprine, Capsaicin and Lidocaine would not be supported as medically necessary.

**Ketoprofen/Lidocaine/Capsaicin/Tramadol Spray:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support the use of a topical compound containing Ketoprofen, Lidocaine, Capsaicin and Tramadol in this case. Chronic Pain Guidelines specifically indicate that Ketoprofen is a non-FDA approved agent for use in the topical setting due to extremely high incidence of photocontact dermatitis. The existence of this FDA warning would fail to support the use of Ketoprofen. Further, the guidelines state that, if any topical compound contains an agent that is not supported, the topical compound itself would not be supported. The request for this compound, therefore, would be considered medically unnecessary.