

<b>Case Number:</b>	CM13-0052877		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2001. Thus far, the applicant has been treated with the following: analgesic medications; topical compounds; and epidural steroid injection therapy. In a Utilization Review Report dated October 15, 2013, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In a progress note dated October 29, 2013, the applicant was described as reporting persistent multifocal neck and low back pain radiating to left leg, ranging anywhere from 5-10/10. The applicant was having difficulty with even basic activities of daily living including sitting, standing, and driving, it was stated. The applicant was using Flexeril, Prilosec, Lorcet, and Lodine, it was stated, at that point. It was suggested that the applicant was working regular duty at that point in time. On a subsequent note of January 28, 2014, the applicant was again described as using a variety of oral pharmaceuticals, including Flector, Prilosec, hydrocodone, and Lodine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND PHARMACEUTICAL MUSCLE RUB MEDICATIONS:  
FLURBIPROFEN, CAPSAICIN & MENTHOL #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN , TOPICAL ANALGESICS Page(s): 28, 111.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is deemed the last-line agent, to be employed only when other treatments fail and/or are not tolerated. In this case, however, the applicant is described as using multiple first-line oral pharmaceuticals, including Flexeril, hydrocodone, and Lodine, to reportedly good effect, effectively obviating the need for the capsaicin-containing cream. Since the capsaicin ingredient in the compound carries an unfavorable recommendation here, the entire compound is considered not recommended, per the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**COMPOUND PHARMACEUTICAL MUSCLE RUB MEDICATIONS KETOPROFEN AND CYCLOBENZAPRINE #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor cyclobenzaprine are recommended for topical compound formulation purposes. Since one or more ingredients in the compound in question carry unfavorable recommendation, the entire compound is considered not recommended, per the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seemingly successful usage of multiple classes of first-line oral pharmaceuticals effectively obviates the need for the topical compound in question. Therefore, the request is not medically necessary.