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| <b>Case Number:</b>   | CM13-0054661 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/12/2012 |
| <b>Decision Date:</b> | 03/17/2014   | <b>UR Denial Date:</b>       | 10/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/19/2013 |

### 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:

The claimant is a 56-year-old who sustained a work injury on 08/12/2012. His diagnoses include upper extremity overuse syndrome, bilateral plantar fasciitis, and low back pain s/p posterior lumbar interbody fusion from L4 to S1. He continues to complain of low back pain and bilateral shoulder, feet and ankle pain. On exam he has pain with range of motion of the shoulders, and palpable paravertebral muscle spasms in the lumbar spine. Examination of the feet reveals pain in the plantar aspect of both feet. He is treated with medical therapy. The treating provider has requested a topical compound of Flurbiprofen/cyclobenzaprine/capsaicin/lidocaine 10%/0.012%/1% 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine (10%/2%/0.012%/1%), with two refills, provided on October 14, 2013: 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 Section Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs (non-steroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case there is no recommendation for the treatment of chronic pain with topical Flurbiprofen and cyclobenzaprine. Medical necessity for the requested treatment has not been established. The request for Flurbiprofen/Cyclobenzaprine/ Capsaicin/Lidocaine (10%/2%/0.012%/1%), with two refills, provided on October 14, 2013, is not medically necessary or appropriate.