

<b>Case Number:</b>	CM13-0063352		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Internal Medicine, Pulmonary Diseases, 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 a 48-year-old male who reported an injury on 02/15/2011. The mechanism of injury was not stated. The patient is currently diagnosed with lumbar disc syndrome and right lower extremity sciatica. The patient was seen by [REDACTED] on 10/09/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. Physical examination revealed hypertonicity of the lumbar paraspinals, limited range of motion, positive Kemp's and lumbar facet testing bilaterally and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included prescriptions for topical compounded creams and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin .027%/Menthol 10%/Camphor 2.5%/Tramadol 20% CMCT20 TD, 240gm jar:**  
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:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the request for a topical analgesic. The patient did report relief from bilateral lower extremity neuropathy by using Gabapentin. Based on the clinical information received, the request is noncertified.

**FLURBIPROFEN 25%/DICLOFENAC 10% FD2510 TD 240GM JAR:** 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:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The only FDA- approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip, or shoulder. Therefore, the patient does not currently meet criteria for the requested medication. Additionally noted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is noncertified.