

<b>Case Number:</b>	CM13-0072749		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/15/2000
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Family 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:

This injured worker's date of injury was 07/15/2000. The treating physician is treating the patient for chronic low back pain with radiation down both legs to the feet. The patient describes the pain as burning in quality. The patient is opioid dependent and takes Oxycontin 40 mg (a long-acting opioid analgesic) TID, Norco 10/325 (a short-acting opioid), and Cymbalta 120 mg (an anti-depressant). None of these last three are subject to review. On exam on 11/04/2013, the patient appeared to be in moderate discomfort. There was tenderness on palpation of the paraspinal muscles. There was right calf atrophy. There was weakness in the right ankle dorsiflexion and plantar flexion. The patient's diagnoses include: s/p lumbar fusion, spinal cord stimulator implantation, and lumbar radiculopathy. The treating physician has requested coverage for two compounded topical analgesic agents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORPHENDRINE 5%, TETACAINE 2%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria For Compounded Drugs Section.

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

**Decision rationale:** The treating physician has requested coverage for a compounded topical cream containing Orphenadrine 5% and Tetracaine 2%. The requested compounded cream contains Orphenadrine 5%, an anticholinergic drug, which is classified as an antispasmodic drug when taken orally. Tetracaine is a short-acting anesthetic agent. The treating physician's note from 11/04/2013 states that the topical compounded creams are not used concurrently with Naprosyn (an NSAID) for pain flairs; however, there is no documentation of the level of pain relief the cream achieves. The medical indication for topical analgesics is limited to neuropathic pain, when antidepressants and anticonvulsants have failed. Their use in managing chronic pain cannot be recommended, because clinical trials have failed to show any benefit over that of a placebo. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on the documentation presented in this case the request for this compounded cream is not medically necessary or appropriate.

**TOPICAL COMPOUNDED CREAM: DICLOFENAC 3%, BACLOFEN 2%,  
CYCLOBENZAPRINE 2%, GABAPENTIN 5%:** Upheld

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

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

**Decision rationale:** The treating physician has requested coverage for a compounded cream containing Diclofenac 3% (an NSAID), Baclofen 2% (an oral antispasmodic), Cyclobenzaprine 2% (an oral antispasmodic), and Gabapentin 5% (an anti-convulsant). The treating physician's note from 11/04/2013 states that the topical compounded creams are not used concurrently with Naprosyn (an NSAID) for pain flairs; however, there is no documentation of the level of pain relief the cream achieves. The medical indication for topical analgesics is limited to neuropathic pain, when antidepressants and anticonvulsants have failed. Their use in managing chronic pain cannot be recommended, because clinical trials have failed to show any benefit over that of a placebo. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Neither Baclofen nor Gabapentin can be recommended in their topical form at this time. Based on the documentation presented in this case the request for this compounded topical cream is not medically necessary or appropriate.