

<b>Case Number:</b>	CM14-0003778		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 is a 62-year-old male patient diagnosed with generalized pain (780.96) following an industrial injury sustained on 12/23/2009. A request for compounded topical creams including Keto/Lidoc/Cap/Tram 15%/1%/0.0125% 120gm, DOS 12/4/13, and Flur/Cyclo/Caps/Lid 10%/2%/0.0125%/1% 120gm, DOS 12/4/13, was none certified a utilization review, noting that guidelines indicate there is little to no research to support the use of topical compounded formulations, and any compounded products are contains at least one drug (or drug class) that is not recommended is not recommended. An MRI (magnetic resonance imaging) of the right shoulder performed on 12/12/12 revealed degenerative hypertrophic arthritis of the acromioclavicular joint with moderate joint effusion and compression of the underlying rotator cuff. There is moderately severe tendinopathy of the infraspinatus tendon with mild excoriation of the bursal surface and severe tendinopathy of the supraspinatus tendon, with excoriation of the bursal and articular surfaces and mild attenuation of the tendon. Moderately severe tendinopathy of the distal subscapularis tendon. Mild degeneration of the labrum with articular surface excoriation of the labrum without focal labral tear. Moderate to severe tendinopathy of the intra-articular portion of the tendon. On the most recent progress note provided dated October 17, 2013, the patient was reevaluated for bilateral knees. It was noted he had received Synvisc one for the right knee on his previous visit with 2 cc Kenalog added. He reported decreased pain and stiffness and an overall increase in physical activity with regard to the right knee. He was presenting for Synvisc injection to the left knee on this visit. On physical examination of the bilateral knees there was trace effusion to the left knee and full range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETO/LIDO/CAP/TRAM 15%/1%/0.0125% 120GM, DOS:12/4/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,

**Decision rationale:** The CA MTUS guidelines note that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. The documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or non-steroidal anti-inflammatory class to support the medical necessity of topical agents. Furthermore, the requested formulation contains agents that have no proven efficacy in topical application (Tramadol). Therefore, based on a review of the medical records and guideline criteria, this request is not medically necessary.

**FLUR/CYCLO/CAPS/LID 10%/2%/0.0125% 120GM, DOS:12/4/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

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

**Decision rationale:** The CA MTUS guidelines note that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. The documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or non-steroidal anti-inflammatory class to support the medical necessity of topical agents. Furthermore, the requested formulation contains agents that have no proven efficacy in topical application (Cyclobenzaprine). In addition, the CA MTUS states "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Given there is no support from guidelines for the use of compounded topical cream containing cyclobenzaprine, this request is not medically necessary.