

<b>Case Number:</b>	CM14-0003889		
<b>Date Assigned:</b>	02/18/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 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 has submitted a claim for low back pain from an associated industrial injury date of October 3, 2013. Treatment to date has included Medrol Dose Pack, Ibuprofen, Norflex, Relafen, Biofreeze and 5 sessions of Physical Therapy. Medical Records from 2013 were reviewed showing that the patient complained of moderate to severe low back pain radiating down to his bilateral hips and thighs with associated numbness and burning sensations. This was aggravated by prolonged sitting and standing. On physical examination, tenderness was noted over the L3 to S1 spinous processes, posterior superior iliac spines, paravertebral muscles, sacroiliac joints and greater trochanters. Range of motion was as follows: Extension to the right and left at 20 degrees, Lateral Flexion to the right and left at 15 degrees, Lateral Rotation to the right at 10 degrees and to the left at 15 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 20% GEL, 120GM:** 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 Procedure Summary Last Updated 1/14/2013: 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 , 9792.24.2 , 111-113

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding Flurbiprofen, it belongs to a group of drugs called Non-Steroidal Anti-Inflammatory Drugs (NSAIDS), which has no established efficacy as a topical agent. In this case, there was no documentation with regards to the failed use of antidepressants and anticonvulsants. In addition, the patient has been taking oral NSAIDS such as Ibuprofen and Relafen. There is likewise no discussion concerning intolerance to oral medications. Therefore, the request for flubiprofen 20% gel is not medically necessary.

**KETOPROFEN 20%/ KETAMINE 10% GEL, 120GM:** 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 Procedure Summary Last Updated 1/14/2013: Topical Analgesics.

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Ketoprofen, it belongs to a class Non-Steroidal Anti-Inflammatory Drugs (NSAIDS), and there is no evidence for its use as a topical product. Regarding Ketamine, its anesthetic agent and its topical form are only recommended for post-herpetic neuralgia, which the patient does not have. In this case, the patient has been on oral NSAIDS such as Ibuprofen and Relafen; and there is no evidence for intolerance to oral formulation. Likewise, there is no discussion concerning the need for multiple topical compounded products in this case. Therefore, the request for ketoprofen 20%/ketamine 10% gel is not medically necessary.

**GABAPENTIN 10%/ CYCLOBENZAPRINE 10%/ CAPSAICIN 0.0375%, 120GM:**  
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 Procedure Summary Last Updated 1/14/2013: Topical Analgesics.

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Gabapentin, it is an anticonvulsant, however its use as a topical analgesic is not recommended. Regarding Cyclobenzaprine, it is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. In this case, there is no evidence that the patient is intolerant to oral medications. Likewise, there is no discussion concerning the need for multiple topical compounded products. Therefore, the request for gabapentin 10%/ cyclobenzaprine 10%/capsaicin 0.0375% is not medically necessary.