

<b>Case Number:</b>	CM14-0004693		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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, 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 injured worker is a 45-year-old with a reported date of injury on September 27, 2012. The worker was injured when she was pushing a box weighing more than 40 pounds. The progress noted dated December 23, 2013 reported the injured worker complained of low back pain, rated 7/10, with radiation to the bilateral lower extremities. The diagnoses were listed as L5-S1 herniated nucleus pulposus 6mm with extrusion on the left S1 nerve root, lumbar spine myofascial pain syndrome, right lower extremity radicular pain and paresthesia, sleep disorder, anxiety and depression secondary to industrial injury, and severe left lateral recess stenosis. The request of authorization form was not submitted with the medical records. The request is for compound medications Flurbiprofen 20% gel 120gm, Ketoprofen 20%, Ketamine 10% gel 120gm, Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% 120gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MEDICATION: FLURBIPROFEN 20% GEL 120 GM.,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 111-113

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, Topical Analgesics, 111-114

**Decision rationale:** The injured worker has been using this compound medication for her low back pain at least since June 17, 2013. The California Chronic Pain Medical Treatment guidelines state there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID (non-steroidal anti-inflammatory drug) which are recommended for short term use (four to twelve weeks) for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines do not recommend NSAID medications for topical application in injured workers with neuropathic pain as there is no evidence to support its efficacy. It did not appear the injured worker was intolerant of or failed to respond to other medications. Additionally, it did not appear the injured worker had a diagnosis for which topical NSAIDs would be recommended. The request for Flurbiprofen 20% gel 120 grams is not medically necessary or appropriate.

**HIGH-VOLUME LUMBAR EPIDURAL STEROID INJECTION AT THE L5-S1 LEVEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Guidelines, Low Back Complaints, 300, table 12-5

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

**Decision rationale:** The injured worker had an epidural steroid injection to the right performed. The California Chronic Pain Medical Treatment guidelines recommend as an option for treatment of radicular pain (defined in dermatomal distribution with corroborative findings of radiculopathy). The purpose of the epidural steroid injection is to reduce pain and inflammation, restoring the range of motion and thereby facilitating progress in more active treatment programs, and avoid surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of repeat blocks of epidural steroid injections should be based on continued objective functional improvement, including at least 50% pain relief with associated reductions of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. There is a lack of documentation regarding the efficacy of the previous epidural steroid injection, functional improvement, and medication use. The request for a high volume lumbar epidural steroid injection at the L5-S1 level is not medically necessary or appropriate.

**COMPOUND MEDICATION: KETOPROFEN 20%/KETAMINE 10% GEL 120 GM.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 111-113

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, Topical Analgesics, 111-114

**Decision rationale:** The injured worker has been using this compound medication for her low back pain at least since June 17, 2013. The California Chronic Pain Medical Treatment guidelines state there is little to no research to support the use fo many of these agents. Any compounded product that contain at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is an NSAIDs (non-steroidal anti-inflammatory drugs) which are recommended for short term use (four to twelve weeks) for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines do not recommend NSAID medications for topical application in injured workers with neuropathic pain as there is no evidence to support its efficacy. The guidelines only recommend Ketamine for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. It did not appear the injured worker was intolerant of or failed to respond to other medications. Additionally, it did not appear that the injured worker had a diagnosis for which topical NSAIDs would be recommended. The request for ketoprofen 20%/ketamine 10% gel 120 grams is not medically necessary or appropriate.

**COMPOUND MEDICATION: GABAPENTIN 10%/CYCLOBENZAPINE 10%/CAPSAICIN 0.0375% 120 GM.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 111-113

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, Topical Analgesics, 111-114

**Decision rationale:** The injured worker has been using this compound medication for her low back pain at least since June 17, 2013. The California Chronic Pain Medical Treatment guidelines state there is little to no research to support the use fo many of these agents. Any compounded product that contain at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend Capsaicin only as an option in injured workers who have not responded to or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not recommend Gabapentin due to lack of peer-reviewed literature to support its use. The guidelines also state there is no evidence for the use of any muscle relaxant for topical application. The requested

compound contains cyclobenzaprine and gabapentin, which are not recommended by the guidelines for topical application. It did not appear the injured worker was intolerant of or failed to respond to other medications. The request for gabapentin 10%/ cyclobenzapine 10%/capsaicin 0.0375% 120 grams is not medically necessary or appropriate.