

<b>Case Number:</b>	CM14-0100794		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Pain Management 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 male who sustained work-related injuries while performing his usual and customary duties under the employment of [REDACTED]. He is diagnosed with cervical spine 2-mm disc herniation (no level indicated), lumbar spine disc herniation at L4-L5 with right lower extremity radiculopathy, anxiety, depression, stress, and insomnia. Progress reports dated January 24, 2014 and February 21, 2014 noted the injured worker's complaints of intermittent neck pain rated 7/10 with radiation to the bilateral upper extremities, right worse than left, with numbness and tingling. He has additional complaints of constant low back pain rated 7/10, radiating to the bilateral lower extremities, right worse than left. Cervical spine examination revealed tenderness and spasm over the paravertebral musculature. Lumbar spine examination showed tenderness over the paravertebral musculature. Straight leg raise test was positive on the left. Motor strength testing revealed weakness in the tibialis anterior and extensor hallucis longus muscle group graded 4/5. Evaluation dated May 16, 2014 noted the injured worker's complaints of constant neck pain rated 7-8/10 with radiation to the bilateral upper extremities, right worse than left, with numbness and tingling. He also complained of constant low back pain rated as 7-8/10 with radiation to the bilateral lower extremities, right worse than left, with numbness and tingling. Medication regimen includes Norco, Ibuprofen and Medrox patches. He has been attending acupuncture therapy sessions since March 2014, which reportedly helped decrease his pain. Physical examination was significant for paraspinal spasms and tenderness over the paravertebral musculature. Straight leg raise test was positive on the right. Flurbiprofen 20% cream 120 gm, Ketoprofen 20%/Ketamine 10% cream 120 gm, and Gabapentin, 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% cream 120 gm were prescribed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Topical Compound Cream: Ketoprofen 20% / Ketamine 10% Cream 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Integrated Treatment / Disability Duration Guidelines, Pain (Chronic), Topical Analgesics, Compound

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with a few randomized control trials to determine their efficacy or safety. The referenced guideline also states that when one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Further, they are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. As per guidelines, Ketoprofen is not approved for topical application. There's a high incidence of contact dermatitis and absorption of the drug can result in similar blood concentrations in oral forms. There was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds. Therefore, it can be concluded that the medical necessity of Ketoprofen 20%/ Ketamine 10% cream 120 gm is not medically necessary.

### **Topical Compound Cream: Gabapentin, 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% Cream 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Integrated Treatment / Disability Duration Guidelines, Pain (Chronic), Topical Analgesics, Compound

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with a few randomized control trials to determine their efficacy or safety. The referenced guideline also states that when one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Further, they are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. As per guidelines, Gabapentin in topical form is not recommended or endorsed while Capsaicin is not recommended in a formulation of 0.0375% as there has been no evidence to support this formulation. There was no evidence in the medical records submitted that would suggest intolerance to and/or failure of

multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds. Therefore, it can be concluded that the medical necessity of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% cream 120 gm is not medically necessary.

**Topical Compound Cream: Flurbiprofen 20% Cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Integrated Treatment / Disability Duration Guidelines, Pain (Chronic), Topical Analgesics, Compound

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with a few randomized control trials to determine their efficacy or safety. The referenced guideline also states that they are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Non-steroidal anti-inflammatory drugs such as Flurbiprofen are indicated by the guidelines for short term use for the treatment of osteoarthritis and tendinitis, particularly in the knee and elbow joints. In this case, the submitted medical documentation, there is no evidence of any objective clinical findings that indicates the injured worker is suffering from osteoarthritis, tendinitis and knee or elbow muscle injuries. There was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds. Therefore, it can be concluded that the medical necessity of Flurbiprofen 20% cream 120 gm is not medically necessary.