

<b>Case Number:</b>	CM14-0107117		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 50-year-old female who has submitted a claim for lumbosacral neuritis, brachial neuritis, lumbar disks displacement and intervertebral disks disorder associated with an industrial injury date of 8/11/2010. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain and low back pain, rated 7 to 8/10 in severity. Physical examination of the cervical spine and lumbar spine showed tenderness, and limited motion. Sensation was intact. Cervical compression test resulted to localized cervical pain. Straight leg raise test was negative. Patient was able to perform heel walk and toe walk. Reflexes and motor strength were normal. Treatment to date has included physical therapy, acupuncture, chiropractic care, and medications such as tramadol, Flexeril, Prevacid, and topical cream. Utilization review from 6/20/2014 denied the request for Compounded medication: Flurbiprofen Pow, Baclofen Pow, Cyclobenzaprine Pow, Gabapentin Pow, Lidocaine Pow, Sod Metabisu Pow, Isop Alcohol Sol, Lipmax Sol & Mediderm Cream because of lack of published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication: Flurbiprofen Pow, Baclofen Pow, Cyclobenzaprine Pow, Gabapentin Pow, Lidocaine Pow, Sod Metabisu Pow, Isop Alcohol Sol, Lipmax Sol & Mediderm Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin;Salicylates;Topical Analgesics Page(s): 28-29;105;111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Cyclobenzaprine and baclofen are not recommended for use as a topical analgesic. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Medi-Derm topical medication contains methyl salicylate 20%, menthol 5%, and capsaicin 0.035%. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. The guidelines do not address Sod Metabisu Pow, Isop Alcohol Sol, and Lipmax Sol. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen, baclofen, cyclobenzaprine, gabapentin, Lidocaine, and capsaicin 0.035%, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Compounded medication: Flurbiprofen Pow, Baclofen Pow, Cyclobenzaprine Pow, Gabapentin Pow, Lidocaine Pow, Sod Metabisu Pow, Isop Alcohol Sol, Lipmax Sol & Mediderm Cream is not medically necessary.