

<b>Case Number:</b>	CM14-0109561		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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:

According to the records made available for review, this is a male with a 7/1/13 date of injury. At the time (6/11/14) of the Decision for Compound: Capsaicin .025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm and Compound: Cyclobenzaprine 2%, Flurbiprofen 25% 240gm, there is documentation of subjective (ongoing pain in the low back and right shoulder) and objective (tender points over the lumbar spine and shoulder, and positive supraspinatus press test) findings, current diagnoses (lumbar sprain/strain and right shoulder sprain/strain), and treatment to date (NSAIDs and physical modalities).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Capsaicin .025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen,

lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound: Capsaicin .025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm is not medically necessary.

**Compound: Cyclobenzaprine 2%, Flurbiprofen 25% 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound: Capsaicin .025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm is not medically necessary. Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses. However, the requested compound medication contains at least one drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound: Cyclobenzaprine 2%, Flurbiprofen 25% 240gm is not medically necessary.