

<b>Case Number:</b>	CM14-0011018		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/25/1997
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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, 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 is a 58-year-old male who has submitted a claim for lumbar radiculopathy, lumbar discopathy, and lumbar sprain/strain; associated from an industrial injury date of 07/25/1997. Medical records from 08/28/2010 to 09/30/2013 were reviewed and showed that patient complained of lumbar spine pain, graded 5-6/10, radiating to the right ankle. He manages to sit, stand, and walk for long periods of time as well as exercise by himself despite marked pain. Physical examination showed decreased lumbar lordosis. There was tenderness noted along the bilateral L4 through S1 paraspinal muscles and facets. Fabere's/Patrick test was positive on the right, Yeoman's and Kemp's tests were positive bilaterally, and supine straight leg raise test was positive at 60 degrees bilaterally. Lumbar spine range of motion was limited in all movements. Decreased motor strength of big toe extension and knee extension was noted. The bilateral knees had decreased reflexes. There was decreased sensation along the L4 and L5 dermatomes. Treatment to date has included Norco, morphine, Lyrica, Fentanyl patch, Flexeril, Amitriptyline, Ultram, TENS, Toradol injection, trigger point injection, facet rhizotomy, inguinal hernia repair, and lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE (DOS: 11/12/10, 09/27/10) REQUEST FOR PRESCRIPTION OF FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPHOR/ULTRADERM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

**Decision rationale:** As stated on pages 112 to 113 of the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs (e.g. Ketoprofen) are not recommended for neuropathic as there is no evidence to support use. The MTUS Chronic Pain Guidelines states that there is no evidence to support the use of topical cyclobenzaprine. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains drug components that are not recommended for topical use. Therefore, the request is not medically necessary.

**RETROSPECTIVE (DOS: 11/12/10, 09/27/10) REQUEST FOR PRESCRIPTION OF KETOPROFEN/CYCLOBENZAPRINE/ULTRADERM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Topical Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 112 to 113 of the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs (e.g. Ketoprofen) are not recommended for neuropathic as there is no evidence to support use. The MTUS Chronic Pain Guidelines states that there is no evidence to support the use of topical cyclobenzaprine. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains drug components that are not recommended for topical use. Therefore, the request is not medically necessary.

**PROSPECTIVE REQUEST FOR PRESCRIPTION OF KETOPROFEN/CYCLOBENZAPRINE/ULTRADERM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Topical Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 112 to 113 of the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs (e.g. Ketoprofen) are not recommended for neuropathic as there is no evidence to support use. The MTUS Chronic Pain Guidelines states that there is no evidence to support the use of topical Cyclobenzaprine. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains drug components that are not recommended for topical use. Therefore, the request is not medically necessary.