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| <b>Case Number:</b>   | CM14-0111506 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 01/13/2012 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2014 |

### 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 Illinois. 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 62-year-old female who reported an injury on 01/13/2012 due to an unknown mechanism. Diagnoses were lumbar spine discopathy, lower extremity radiculitis, left shoulder impingement syndrome, cervical spine sprain/strain, right knee degenerative joint disease, and left knee degenerative joint disease. Past treatments have been medications and physical therapy. Diagnostic studies were an MRI of the cervical spine, and MRI of the lumbar spine, and an MRI of the left knee. Surgical history was not reported. A physical examination on 07/11/2014 revealed for the cervical spine, there was no evidence of previous surgical intervention; there was tenderness to palpation on the left paraspinal and upper trapezius. An examination of the lumbar spine revealed tenderness to palpation on the bilateral paraspinals and quadratus lumborum. The straight leg raise was to 70 degrees on the right and 90 degrees on the left. There was decreased sensation on the right L5 dermatome. Medications were not reported. The treatment plan was for acupuncture and an EMG/nerve conduction study. The rationale was not provided. The Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of 240 gm of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 revision, web edition pp. 111-113 and ODG : Web edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,Capsaicin,Flurbiprofen,Tramadol Page(s): 111,28,72,82.

**Decision rationale:** The request for a pharmacy purchase of 240 gm of capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 2% is not medically necessary. The California Medical Treatment Utilization Schedule states that capsaicin is recommended only as an option in patients who have not responded to are intolerant of other treatments. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA-approved for a topical application. FDA-approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solutions. A thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. The guidelines do not recommend the topical use of tramadol. The guidelines do not recommend the topical use of compounded analgesics. This request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**240 gm cyclobenzaprine 2%, Flurbiprofen 20%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 revision, web edition pp. 111-113 and ODG : Web edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,Cyclobenzaprine, Flurbiprofen Page(s): 111,41,72.

**Decision rationale:** The request for 240 gm of cyclobenzaprine 2% and flurbiprofen 20% is not medically necessary. The California Medical Treatment Utilization Schedule states that they do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA-approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solutions. A search of the National Library of Medicine - National Institute of Health database demonstrated no high-quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The medical guidelines do not support the use of topical analgesics that are compounded. Therefore, the request is not medically necessary.