

<b>Case Number:</b>	CM14-0136310		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation 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 52-year-old female with a 12/17/09 date of injury, and lumbar spine fusion on 8/5/12. At the time (7/22/14) of request for authorization for topical compound Cyclobenzaprine 2%, Tramadol 10%, Fluribiprofen 20% 180mg, and topical compound Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% 180mg as prescribed on 7/22/14, there is documentation of subjective complaints of worsening neck and low back pain. Objective findings include tenderness to palpation with spasms over the upper trapezius muscle, the suboccipitals and the paraspine, limited range of motion of the lumbar spine secondary to pain, and hypesthesia of the right posterior thigh. Current diagnoses are cervical and lumbar spine disc protrusion, cervical and lumbar radiculopathy, and cervical spine sprain/strain. Treatment to date is medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound Cyclobenzaprine 2%, Tramadol 10%, Fluribiprofen 20% 180mg:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 7/10/2014)Compounded drugs

**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. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar spine disc protrusion, cervical and lumbar radiculopathy, and cervical spine sprain/strain. However, the requested topical compound Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180mg, as prescribed on 7/22/14 contains at least one drug class (muscle relaxants (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical compound Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180mg is not medically necessary.

**Topical compound Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% 180mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 7/10/2014)Compounded drugs

**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 (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor); 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 topical compound capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% 180mg, is not medically necessary.