

<b>Case Number:</b>	CM14-0150196		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 26-year-old man who sustained a work related injury on June 28, 2013. Subsequently, he developed chronic back, right eye, right wrist, and right shoulder pain. An MRI of the right shoulder performed on September 19, 2013 showed only mild AC arthropathy with no evidence of rotator cuff tear. His repeat MRI of the lumbar spine performed on April 18, 2014 showed a broad-based left paracentral 4 mm disc protrusion with desiccated disc and some mild disc space narrowing in both central and lateral recess stenosis on the left with minimal impingement of the left S1 nerve root. There is minimal degenerative change at the L4-5 disc. According to the note of August 4, 2014, the patient complains of:- intermittent tingling in his feet, short term memory loss, change in his speech pattern, occasional stuttering, and difficulties concentrating.- Frequent moderate headaches with associated dizziness.- Light sensitivity and occasional light flashes in his right eye.-Intermittent pain in his right shoulder with pain radiating to his neck and upper back. His shoulder pain is present 50% of the time. He has a popping sensation in the shoulder. He rates the pain as 6/10. - Continuous right wrist/hand pain with pain radiating to his fingers. His pain is present 80% of the time. He has cramping and weakness in his right hand. He rates his pain as 8/10.-Continuous pain in the mid-back. His mid back pain is present 100% of the time. He rates his pain as 8-9/10. -Frequent pain in the lower back with pain radiating to his feet. His low back pain is present 80% of the time. He has episodes of tingling in his feet. He rates his pain as 7-8/10. - Stress, anxiety, and depression.His physical examination revealed mild tenderness to palpation of the thoracic paravertebral musculature with reduced range of motion. There is mild tenderness upon palpation over the right shoulder with reduced range of motion. Neer's and Hawkin's signs were positive. Wrist range of motion limited by pain. Orthopedic tests: Phalen's test was positive. There is moderate tenderness to palpation of the lumbar paravertebral musculature with reduced range of motion. Sensory examination in the

lower extremities revealed sensory deficit in the bilateral S1 dermatome. There is mild separation of the acromioclavicular joint associated with slight degenerative changes. X-rays of the left foot taken August 4, 2014 showed no fracture or dislocation. The patient is currently taking anti-inflammatories and over-the-counter Tylenol as needed. The patient was diagnosed with L5-S1 herniated nucleus pulposus with annular tear, left lower extremity radicular pain with paresthesia; left foot musculoligamentous sprain/strain; thoracic spine musculoligamentous sprain/strain; right shoulder musculoligamentous sprain/strain, anxiety and depression.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20% cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California N-formulary review for work comp compounded topicals

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen gel 20% is not medically necessary.

**Ketoprofen 20%/Ketamine 10% cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California N-formulary review for work comp compounded topicals

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen/Ketamine compounded gel is recommended as topical analgesics for chronic back pain. Ketoprofen/Ketamine

compounded gel, a topical analgesic is not recommended by MTUS guidelines. Based on the above Ketoprofen/Ketamine cream is not medically necessary.

**Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.375& cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California N-formulary review for work comp compounded topicals

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that compounded gabapentin/cyclobenzaprine/capsaicin is recommended as topical analgesics for chronic back pain. compounded gabapentin/Cyclobenzaprine/capsaicin, a topical analgesic is not recommended by MTUS guidelines. Based on the above compounded gabapentin/Cyclobenzaprine/capsaicin is not medically necessary.