

<b>Case Number:</b>	CM14-0150916		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine 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 injured worker is a 52-year-old male who has submitted a claim for cervical sprain/strain, cervical intervertebral disc syndrome, and cervicobrachial syndrome associated with an industrial injury date of 1/2/2013. Medical records from 2014 were reviewed. The patient complained of neck pain, associated with numbness and tingling sensation of the bilateral upper extremities rated 7 to 8/10 in severity. Aggravating factors included looking up, looking down, and repetitive motions. Patient likewise experienced pain at both shoulders, both elbows, and both wrists, rated 5 to 7/10 in severity. Aggravating factors included gripping, grasping, reaching, pushing, and lifting. Patient experienced bilateral knee pain, associated with numbness and tingling sensation to the foot. Physical examination of the cervical spine showed tenderness, restricted motion, positive cervical distraction test, and positive cervical compression test. Crepitus was noted at both shoulders. Range of motion of both shoulders was likewise limited secondary to pain. Impingement test was positive bilaterally. Both Tinel's sign and Phalen's sign were positive bilaterally. Motor strength was graded 4/5 at bilateral upper extremities. Reflexes were intact. Sensation was diminished along the median nerve distribution, bilaterally. Treatment to date has included use of a TENS unit, physical therapy and medications such as Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and topical creams. Utilization review from 8/22/2014 denied the requests for Retrospective for date of service 7/7/14, Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 210gram, and Retrospective for date of service 7/7/14, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 210 gram because of lack of published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for date of service 7/7/14, Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 210gram.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Retrospective for date of service 7/7/14, Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 210 gram is not medically necessary.

**Retrospective for date of service 7/7/14, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 210 gram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112, 113.

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. The topical formulation of tramadol does not show consistent efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In

this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains cyclobenzaprine, tramadol, and flurbiprofen, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for retrospective for date of service 7/7/14, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 210 gram is not medically necessary.