

<b>Case Number:</b>	CM14-0151578		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/05/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Pain Management and is licensed to practice in New York. 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 34 year old male presenting with a history of a work related accident that occurred on 5/5/2005. He also had a second work accident on 8/1/2013 that resulted in persistent lower back pain. He was diagnosed with a lumbar sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Two prescriptions of topical compounded**

**Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor 0.025/15/15/2/2%, #480g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical; Topical NSAIDs.

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

**Decision rationale:** The Official Disability Guidelines state that the use of topical analgesics such as Flurbiprofen has few randomized controlled trials to determine efficacy or safety. The Official Disability Guidelines also state that capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. However, this was not documented in this injured worker. In addition, the Medical Treatment Utilization guidelines

state that the efficacy of topical non-steroidal anti-inflammatory drugs such as Flurbiprofen in clinical trials has been inconsistent. Therefore, the requested two prescriptions of topical compounded Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor 0.025/15/15/2/2%, #480g would not be considered medically necessary.

**Two prescriptions of topical compounded Cyclobenzaprine/Flurbiprofen 2/20%; #480g:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The Official Disability Guidelines state that the use of topical analgesics such as Flurbiprofen is largely experimental with few randomized controlled trials to determine efficacy or safety. In addition, the Medical Treatment Utilization Schedule guidelines state that the use of muscle relaxants such as cyclobenzaprine in topical compounds is not recommended. Therefore, the request for two prescriptions of topical compounded Cyclobenzaprine/Flurbiprofen 2/20%, #480g would not be considered medically necessary.