

<b>Case Number:</b>	CM14-0159805		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 22-year-old female who reported an injury on 11/26/2013. The mechanism of injury was not provided. Her diagnoses included displacement of lumbar intervertebral disc without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. Her past treatments included medications, physical therapy, and acupuncture. Diagnostic studies included an electrodiagnostic report dated 05/05/2014, which was noted to reveal deviation of the femoral cutaneous nerve bilaterally and deviation of the perineal nerve bilaterally, more so on the left. On 07/17/2014, the injured worker complained of frequent moderate pain radiating to the mid back. Examination of the lumbar spine revealed tenderness to palpation of the lumbar paravertebral muscles. Her current medications were not listed. The treatment plan included acupuncture, physical therapy, toxicology testing, and topical medications. A request was received for Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%, 180 grams, provided on July 17, 2014 and Flurbiprofen 20%/Tramadol 15%, 180 grams, provided on July 17, 2014. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%, 180 grams, provided on July 17, 2014: Upheld**

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

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

**Decision rationale:** The request for Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%, 180 grams, provided on July 17, 2014 is not medically necessary. California MTUS Guidelines states that capsaicin as a topical is only recommended in the event the injured worker did not respond or tolerate other treatments. Clinical notes indicated that the injured worker stated she experienced relief of pain with medications, physical therapy, and acupuncture. In addition, guidelines state that use of topical NSAIDs have not been evaluated for the spine, hip, or shoulder, disqualifying the use of flurbiprofen. As there is no evidence to indicate the injured worker did not respond or tolerate other treatments and as the requested compound contains flurbiprofen which is not recommended, the topical compound is not supported. In addition, the request did not specify frequency of use or the area of the body in which the medication was to be used. Therefore, the request is not medically necessary.

**Flurbiprofen 20%/Tramadol 15%, 180 grams, provided on July 17, 2014:** Upheld

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

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

**Decision rationale:** The request for Flurbiprofen 20%/Tramadol 15%, 180 grams, provided on July 17, 2014 is not medically necessary. California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Clinical notes indicated that the injured worker reported relief of pain with medications; however, the medication used was not specified. In addition, guidelines also state that any compounded product that contains at least 1 drug that is not recommended is not recommended; and that the use of topical NSAIDs have not been evaluated for the spine, hip, or shoulder, disqualifying the use of flurbiprofen. In the absence of documented evidence indicating the failed use of antidepressants and anticonvulsants, and as the requested compound contains flurbiprofen which is not recommended, the compound is not supported. Additionally, the request as submitted, did not specify frequency of use or the area of the body in which the medication was to be used. Therefore, the request is not medically necessary.