

<b>Case Number:</b>	CM14-0020646		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 60-year-old female who sustained an injury on 2/11/2013 when she tried to stop a patient from falling on the bathroom floor. The patient complains of severe neck and low back pain. The neck pain is associated with tingling and numbness radiating to the shoulders and arms. The patient feels weakness in her arms. The patient has severe headaches with blurred vision. She is unable to find a comfortable position to sleep at night. The patient also complains of pain in the lower back especially in the left buttocks and the posterior lateral aspect of the left thigh. She has tenderness over the left sacroiliac joint. The pain is made worse by getting up from a sitting position. A request is made for 2 topical compounding creams. These creams are being requested as an alternative to medication that would be more harmful to the liver, kidneys, and gastrointestinal (GI) tract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MEDICATION: CAPSAICIN POWDER, PCCA LIPDER CREAM BASE, METHYL, FLURBUPROFEN, DIMETHYL SOL PACCA DUST, EMULSIX, ETHYL ALCOHO, TRAMADOL, GABAPENTIN BACLOFEN POWDER:** 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 rationale:** According to the chronic pain guidelines, these topical compounds are recommended for neuropathic pain when a trial of antidepressants and anticonvulsants has failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesia effective each agent and how it will be useful for the specific therapeutic goal required. One of the compounding products contains gabapentin, ketoprofen, tramadol, and cyclobenzaprine in a lipoderm base. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical treatment can result in blood concentrations and systemic effects comparable to those from the oral form. Gabapentin is not recommended as a topical agent. Therefore, since ketoprofen is not currently FDA approved for topical use and gabapentin is not recommended by the guidelines, the medical necessity of this compound has not been established. The second compound contains Flurbiprofen, Capsaicin and methyl salicylate in a lipoderm base. The Flurbiprofen is a non-steroidal anti-inflammatory medication. Non-steroidal anti-inflammatory medications are recommended for short-term use in joints that are amenable to topical treatment. There is little evidence that they are effective in treatment of the spine, hip, or shoulder. They are not recommended for neuropathic pain as there is no evidence to support the use in this condition. Therefore, since this patient's condition mainly involves the axial skeleton and the shoulders, the use of Flurbiprofen and enhance its compounded formulation is not recommended and the medical necessity for this medication has not been established.