

<b>Case Number:</b>	CM14-0021107		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Physical Medicine and Rehabilitation 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 71-year-old male who reported an injury on 05/20/2010 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/04/2013 for reports of low back pain rated at a 7/10. The exam noted a positive straight leg raise. The diagnoses included a lumbar sprain/strain. The treatment plan included physical therapy, acupuncture, compound topical medications and cold therapy. The Request for Authorization dated 12/04/2013 was in the documentation provided. The rationale for capsaicin ointment for pain relief was in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPHOR 120MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that the FDA does not recommend the use of lidocaine topically other than in a dermal patch, such as Lidoderm. The guidelines further state that any compounded product that contains at least one (1) drug (or drug class) that is not

recommended is not recommended. The guidelines state that the topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first two (2) weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another two (2) week period. The guidelines further state that there is no evidence for cyclobenzaprine as a topical product. There is no evidence for the use of cyclobenzaprine as a topical product. As the guidelines note no other topical formulations of lidocaine, other than Lidoderm, are recommended; and the lack of efficacy of topical NSAIDs and cyclobenzaprine; the request is not medically necessary.

**KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 120MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines also state that topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first two (2) weeks of treatment for osteoarthritis, but either not afterwards or with diminishing effect over a two (2) week period. Camphor is FDA-approved for the use on the skin as a painkiller in concentrations of 3% to 11%. The guidelines further state that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. There is a lack of clinical evidence of the efficacy of other treatments in the documentation provided. Furthermore, there is no concentration level of the camphor being ordered. There is also a lack of documentation of the dosage and frequency and total number of mg being ordered. Therefore, based on the documentation provided, the request is not medically necessary.