

<b>Case Number:</b>	CM14-0024303		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/04/1995
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Florida. 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 patient is a 72 year-old with a date of injury of 01/04/95. A progress report associated with the request for services, dated 01/09/14, identified subjective complaints of low back pain radiating into the left leg. Objective findings included tenderness to palpation and decreased range-of-motion. Diagnoses included lumbar disc disease. Treatment has included oral analgesics and muscle relaxants. A Utilization Review determination was rendered on 02/04/14 recommending non-certification of "compound pharmaceutical muscle rub medication (ketoprofen 10%, cyclobenzaprine 10%, base gm) and compound pharmaceutical muscle rub medication (flubiprofen 10%, capsaicin 0.025mg, menthol 0.05mg, camphor 0.05mg, base 8.875gm)".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUND PHARMACEUTICAL MUSCLE RUB MEDICATION (KETOPROFEN 10%, CYCLOBENZAPRINE 10%, BASE GM): Upheld**

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Ketoprofen 10% is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). The only FDA approved topical NSAID is diclofenac. Ketoprofen is not approved and "has an extremely high incidence of photo contact dermatitis and photosensitization reactions." Cyclobenzaprine 2% is a muscle relaxant being used as a topical analgesic. The MTUS Guidelines specifically state that there is no evidence for Baclofen or any other muscle relaxant as a topical product. Therefore, there is no necessity for the addition of Cyclobenzaprine in the topical formulation for this patient. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documented functional improvement, and recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation. The request is not medically necessary.

**COMPOUND PHARMACEUTICAL MUSCLE RUB MEDICATION (FLUBIPROFEN 10%, CAPSAICIN 0.025MG, MENTHOL 0.05MG, CAMPHOR 0.05MG, BASE 8.875GM):** Upheld

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Flurbiprofen 10% is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical

NSAID is diclofenac. Menthol is a topical form of cryotherapy. The Medical Treatment Utilization Schedule (MTUS) does not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the low back are considered optional. The Official Disability Guidelines (ODG) state that Biofreeze (menthol) is recommended as an optional form of cryotherapy for acute pain. Studies on acute low back pain showed significant pain reduction after each week of treatment. There is no recommendation related to the use of menthol for chronic pain. Capsaicin is an active component of chili peppers and acts as an irritant. The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) state that neither salicylates nor capsaicin has shown efficacy in the treatment of osteoarthritis. In this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the record does not document the medical necessity of the compounded formulation.