

Case Number:	CM14-0025227		
Date Assigned:	06/11/2014	Date of Injury:	03/01/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Illinois. 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 52-year-old male with an injury reported on 03/01/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/06/2014 reported the injured worker complained of low back pain that radiated to his right leg. The injured worker also complained of right lower extremity pain, weakness, numbness, and tingling. The physical examination revealed spasms over the bilateral lumbar paravertebral muscles. The range of motion of the injured worker's lumbar spine demonstrated flexion to 35 degrees, extension to 15 degrees, and right and left lateral flexion to 15 degrees. Orthopedic examination revealed minor's sign, straight leg raise test, and Braggard's test were positive to the right and negative on the left. It was reported the Valsalva maneuver was positive bilaterally. The lower extremity sensory examination revealed decreased sensation to the right along the L4 and S1 dermatomes. The injured worker's diagnoses included lumbar disc syndrome, lumbar spine radiculopathy, along S1 dermatome, and right lower extremity radiculopathy. The injured worker's prescribed medication list included Relafen, omeprazole, tramadol, and Flexeril. The provider requested a compound topical medication consisting of flurbiprofen, cyclobenzaprine, tramadol, gabapentin, menthol, camphor, and capsaicin. The provider's rationale was to reduce pain and decrease the need of oral medications. The request for authorization was submitted on 02/24/2014. The injured worker's prior treatments were not included in the clinical note.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUBIPROFEN/CYCLOBENZAPRINE/TRAMADOL/GBAPENTIN/MENTHOL/CAMP
HOR/CAPSAICIN (DURATION UNKNOWN AND FREQUENCY TWICE DAILY):**

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: The injured worker complained of low back pain that radiated to the right lower leg. The treating physician's rationale for the compound topical medication was to reduce pain and decrease the need of oral medications. The CA MTUS guidelines for topical NSAIDs, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Also, the treatment on neuropathic pain is not recommended. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. The guidelines do not recommend topical gabapentin and muscle relaxants. There is no evidence for use of any other muscle relaxant as a topical product. It is also stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Official Disability Guidelines state topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, in rare instances can cause serious burns, a new alert from the FDA warns. There is a lack of clinical information provided documenting the efficacy of the compound topical medication as evidenced by decreased pain and significant objective functional improvements. The percentage and/or dose of each medication within the compound medication being requested was not provided. Moreover, the Guidelines do not recommend a topical form of gabapentin or cyclobenzaprine. The Guidelines do not recommend a product that contains at least 1 drug or drug class that is not recommended. Furthermore, the requesting provider did not specify the duration or the location of application of the medication being requested. As such, the request for Flubiprofen/ Cyclobenzaprine/ Tramadol/ Gbapentin/ Menthol/Camphor/Capsaicin (Duration Unknown And Frequency Twice Daily) is not medically necessary and appropriate.