

<b>Case Number:</b>	CM14-0028267		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

Patient is a 54-year-old male who has submitted a claim for status post bilateral total knee arthroscopy, status post lumbar disc surgery, bilateral tarsal tunnel syndrome, fibromyalgia, complex regional pain syndrome, hypertension, GERD, and sleep apnea associated with an industrial injury date of 08/07/2000. Medical records from 2013 were reviewed. Patient complained of pain at the lumbosacral spine, bilateral knees and bilateral feet. Physical examination showed limited range of motion of bilateral wrists, bilateral knees, and lumbar spine. Jamar dynamometer grip strength testing revealed 25-26-23 kg reading at right, and 30-31-33 kg at left. Lumbar spine was evident for tenderness and spasm. Straight leg raise test and Kemp's test were positive bilaterally. Treatment to date has included left total knee arthroscopy, right total knee arthroscopy, lumbar disc surgery, spinal cord stimulator, physical therapy, aquatic therapy, and medications such as Duragesic patch, Roxicodone, Lyrica, Trazodone, Soma, Cymbalta, and topical drugs. Utilization review from 01/30/2014 denied the requests for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 240gm with 4 refills and Cyclobenzaprine 2%, 240gm with 4 refills because of limited published studies concerning its efficacy and safety.

### 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%, 240gm with 4 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Page 28-29 states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. The topical formulation of Tramadol does not show consistent efficacy. Regarding Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burn. CA MTUS does not address camphor. In this case, patient was prescribed topical drug since December 2013. Patient had a history of GERD, however, recent progress reports failed to document intolerance to oral medications to warrant topical formulated drugs. Moreover, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains drug components that are not recommended. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2%, 240gm with 4 refills is not medically necessary.

**Cyclobenzaprine 2%, 240gm with 4 refills:** 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:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, patient was prescribed topical drug since December 2013. Patient had a history of GERD, however, recent progress reports failed to document intolerance to oral medications to warrant topical formulated drugs. Guidelines do not recommend Cyclobenzaprine in topical formulation. Moreover, there was no discussion concerning need to provide multiple topical medications. Therefore, the request for Cyclobenzaprine 2%, 240gm with 4 refills is not medically necessary.