

<b>Case Number:</b>	CM14-0042734		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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:

The patient is a 40-year-old male who has submitted a claim for lumbosacral spine pain, left wrist pain, cervical spine pain, left knee osteoarthritic changes, associated with an industrial injury date of August 02, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/11/2014, showed neck, left wrist, low back, and left knee pain. The low back pain radiated to bilateral lower extremities. The neck pain radiated to the bilateral shoulders. The pain was worse on sitting, forward bending, neck bending, and climbing. The physical examination revealed tenderness of the paracervical muscles extending to the bilateral trapezius muscles. There was tenderness of the left wrist, as well as tenderness and guarding noted along the L3-S1. There was left knee pain noted on range of motion testing, and positive crepitus was noted. Treatment to date has included acupuncture therapy and medications which include FCMC/Keto creams since November 2013. Utilization review from 03/13/2014 denied the request for the purchase of Ketoprofen/Cyclobenzaprine/Lidocaine cream and Flurbiprofen/Capsaicin/Menthol/Camphor cream because these are largely experimental in use with few randomized controlled trials to determine its efficacy or safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request with date of service of 12/02/2013-01-06-2014 for medications Ketoprofen/Cyclobenzaprine/Lidocaine (duration unknown and frequency unknown):**  
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:** MTUS Chronic Pain Medical Treatment Guidelines state Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Regarding Cyclobenzaprine it does not show consistent efficacy and is not FDA approved. The topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, certain components of this compound, i.e., Ketoprofen, Cyclobenzaprine, and Lidocaine are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Moreover the frequency of usage and quantity to be dispensed were not specified. Therefore, the retrospective request is not medically necessary.

**Retrospective request with date of service of 12/02/2013-01-06-2014**

**Flurbiprofen/Capsaicin/Menthol/Camphor (duration unknown and frequency unknown):**  
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, Capsaicin, topical Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylates.

**Decision rationale:** Flurbiprofen, a topical nonsteroidal anti-inflammatory drug (NSAID) does not show consistent efficacy. MTUS Chronic Pain Medical Treatment Guidelines state that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain Menthol, Methyl Salicylate, Or Capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, certain component of this compound, i.e., Flurbiprofen, is not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Moreover the frequency of usage and quantity to be dispensed were not specified. Therefore, the retrospective request is not medically necessary.