

<b>Case Number:</b>	CM14-0043438		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Texas. 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 62 year old male with a date of injury on 3/2/2013. The injured worker had a back injury. The notes indicate that the injured worker had both low back pain with right leg pain for which he had epidural steroid injections. The notes also state that the injured worker has facet mediated pain for which he needs facet injections. The injured worker was also felt to have myofascial pain for which trigger point injections were needed. There was also a request for topical compounded medication creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% 240gm; Flurbiprofen 15% 240gm; Tramadol 15% 240gm; Menthol 2% 240gm; Camphor 2% 240gm; Cyclobenzaprine 2% 240gm; and Flurbiprofen 20% 240gm:**  
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.

**Decision rationale:** The MTUS guidelines are very clear in their observation that the use of these substances remains investigational and experimental. There is also no data to suggest that

the injured worker has derived benefit with these drugs or that he is intolerant to oral agents. Per the Medical Treatment Utilization Schedule: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004). These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including nonsteroidal antiinflammatory medications, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen: This agent is not currently Food and Drug Administration approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer injured workers for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Therefore, the request is not medically necessary.