

<b>Case Number:</b>	CM14-0047229		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 51-year-old female who has submitted a claim for cervical disc displacement, disc degeneration, right shoulder synovitis, subchondral cyst, lumbar disc displacement, post-procedural hypertension, and nonorganic sleep disorder; unspecified, associated with an industrial injury date of 11/16/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck and right shoulder pain radiating down the arms to the fingers, bilateral wrists and low back. Pain level was at 8-9/10 and pain is aggravated by activity. Physical examination showed tenderness at the cervical paraspinal muscles, spinous processes of C3-C7, trapezius, rhomboids, right deltoid, subacromial space, levator scapula, supraspinatus, lumbosacral paraspinal muscles, and over the spinous processes L4-S1. Ranges of motion of the cervical/lumbar spine and right shoulder were decreased. Tinel's and Finkelstein's tests were positive bilaterally. Special orthopedic tests on the lumbar spine were positive & motor testing showed weakness in all muscle groups, sensation was intact. Treatment to date has included Medications, Physical Therapy, and Right Shoulder Rotator Cuff Repair. Utilization review dated 04/04/2014, denied the requests for Topical Compound (Cyclobenzaprine 2 %, Flurbiprofen 25 %), 240 GM and Topical Compound (Capsaicin 0.25 %, Flurbiprofen 5 %, Tramadol 15 %, Menthol 15 %, Camphor) because Cyclobenzaprine and Tramadol are not recommended as topical products and there was limited information about previous education trials available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound (Cyclobenzaprine 2 %, Flurbiprofen 25 %), 240 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Topical analgesics, page 111-113 Page(s): 111-113.

**Decision rationale:** As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID formulation is only supported for Diclofenac in the California MTUS. Also, there is no evidence to support the use of topical Cyclobenzaprine and the addition of Cyclobenzaprine to other agents is not recommended. In this case the patient complained of persistent neck, right shoulder, and back pain despite oral medications however, Flurbiprofen and Cyclobenzaprine are not recommended for topical use. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 25% 240gm is not medically necessary.

**Topical compound (Capsaicin 0.25 %, Flurbiprofen 5 %, Tramadol 15 %, menthol 15 %, camphor):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, pages 28-29; Topical Analgesics, pages 111-113 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 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID formulation is only supported for Diclofenac in the California MTUS. Regarding the Tramadol component, guidelines do not support the use of Tramadol in a topical formulation. Regarding the 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 over the counter pain relievers that contain menthol may in rare instances cause serious burns. In addition, guidelines state that there is no evidence to support the use of topical camphor. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Capsaicin in a 0.0375% formulation is not recommended for topical applications. In this case patient complained of persistent neck, right shoulder and back pain despite oral medications however, topical use of Flurbiprofen and Tramadol is not guideline supported. CA MTUS states that any compounded product that contains at least a drug class that is not recommended is not

recommended. Therefore, the request for Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 15%, and Camphor is not medically necessary.