

<b>Case Number:</b>	CM14-0048930		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 injured worker is a 26-year-old female who injured her lower back on 7/9/13 after routine cleaning and moving chairs. She noticed more pain after carrying a nine month old child. MRI of the lumbar spine dated 1/4/14 showed dehiscence of nucleus pulposus at L2-L3 with a 1.5-mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac, dehiscence of the nucleus pulposus with a two millimeter posterior disc protrusion indenting the anterior portion of the lumbosacral sac and dehiscence of the nucleus pulposus with a four millimeter posterior disc protrusion indenting the anterior portion of the lumbosacral sac and tear of the annulus of the posterior nucleus pulposus. There was mild bony hypertrophy of the articular facets and mild left lateral recess stenosis at this level. The prior treatment included cold therapy unit, interferential unit, acupuncture, topical cream, chiropractic therapy, medications and back brace. On 3/10/2014 the request for compounded ketoprofen, cyclobenzaprine and lidocaine and compounded flurbiprofen, capsaicin and menthol topical cream was denied as the clinical information submitted failed to meet the evidence based guidelines. Per a progress report dated 2/14/14, the patient complained of low back pain rated as 3/10. Examination of the lumbar spine showed tenderness at the spinal process and paraspinal muscles. Range of motion was painful and restricted in all planes. On 3/19/14 the patient complained of pain in low back. X-rays dated 3/17/2014 in flexion and extension views were negative for spinal pathology. The diagnoses were displacement of lumbar disc without myelopathy and thoracic/lumbosacral neuritis/radiculitis. The treatment plan was a revised MRI and x-rays and compounded ketoprofen, cyclobenzaprine and lidocaine cream and compounded flurbiprofen, capsaicin and menthol topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Ketoprofen, Cyclobenzaprine and Lidocaine topical cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as 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. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

**Compounded Flurbioprofen, Capsaicin and Menthol topical cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 105 and 111-113.

**Decision rationale:** According to the CA MTUS Guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. However, 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. Capsaicin is appropriate for patients that are intolerant to first-line therapies, which is not the case for this patient. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.