

<b>Case Number:</b>	CM14-0051608		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/19/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 58-year-old male who reported an injury on 08/19/2008. The mechanism of injury is unknown. The injured worker has diagnoses of chronic pain, chronic strain, discopathy by MRI, radiculopathy verified, hypertension, sleep interruption, and gastric reflux. Past treatments include medications, drug screening, acupuncture, physical therapy, braces rest, epidural steroid injections, work hardening program, and home exercise. The injured worker has received urine drug screens on 02/02/2013, 07/02/2013, 07/22/2013, 08/07/2013, 10/02/2013, and 01/30/2014. There was no past surgical history presented. On 04/24/2014, the injured worker was seen for an evaluation. The injured worker reported lumbar spine pain. Average pain was 5/10 and upon flare-ups was 8/10. There was loss of range of motion. The injured worker indicated pain medications were not effective and therefore he does not utilize them. He was able to perform his personal care; however, he was slow and careful to move in process. The injured worker stated his prescription compound topical creams have been the most effective tool made available to him without the side effects or gastric distress as he experienced with oral non-steroidal anti-inflammatory drug (NSAID) prescription therapy. Medications were noted to include prescription combination creams. The request is for prescription OD), capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2% 240 gm with 1 refill and a prescription for gabapentin 10%, lidocaine 5%, tramadol 15% 240 mg with 1 refill. It was noted that the compound creams work better than oral medication. The Request for Authorization was dated 01/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription od Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS, Capsaicin, Flurbiprofen, Tramadol Page(s): 111-112, 28, 72, 82.

**Decision rationale:** The injured worker has a history of back pain. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state topical capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The documentation did not provide sufficient evidence of an intolerance or lack of response to first-line treatments in order to warrant the use of topical capsaicin. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. Topical NSAIDs may be recommended to treat osteoarthritis pain in joints that lend themselves to topical treatment. However, there have been no studies of the spine, hip, or shoulder. Therefore, flurbiprofen would not be supported to treat the injured worker's back pain. The guidelines state there is little to research to support use of compounded opioids as topical products; therefore, Tramadol is also not supported. As the requested compounded product contains capsaicin, flurbiprofen, and tramadol, which are not supported, the compound is also not supported. As such, the request is not medically necessary.

**1 Prescription for Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240gm with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS, Gabapentin, , Lidocaine, Tramadol Page(s): 111-112, 113, 112, 82.

**Decision rationale:** The injured worker has a history of back pain. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The guidelines indicate that topical lidocaine, in the formulation of the Lidoderm patch, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). No other commercially approved

topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Guidelines do not recommend the use of topical gabapentin due to lack of peer review literature that supports issues and efficiency. The guidelines also state that any compounded product that contains at least 1 or more drug or drug class that is not recommended is not recommended. Therefore, as the compound contains lidocaine cream and gabapentin are not supported by the guidelines. As such, the request is not medically necessary.