

<b>Case Number:</b>	CM14-0061802		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Family 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 44-year-old female who has submitted a claim for wrist pain associated with an industrial injury date of July 16, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of wrist pain radiating to the forearm and elbow with tingling and numbness. Examination revealed decreased grip strength in the right side of the wrist/hand, tenderness over the radiocarpal joint, diminished sensation of the flexor surface of the forearm to the elbow, limited ROM secondary to pain and positive Tinel's and Finkelstein tests. Treatment to date has included medications and transdermal compounds. Utilization review from April 25, 2014 denied the request for 240GM of Capsaicin .025%, Flurbiprofen 15%, Tramadol 15%, Menthol2%, Camphor 2% and 240 GM of Cyclobenzaprine 2%, Flurbiprofen 20% because the components of these products were not recommended by guidelines and there was no evidence of first-line oral analgesic failure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240GM of Capsaicin .025%, Flurbiprofen 15%, Tramadol 15%, Menthol2%, Camphor 2%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics, Page(s): pages 28-29; pages 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. 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 OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, the patient has been prescribed topical cream as adjuvant therapy to oral medications. However, the requested compounded product contains flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for 240GM of Capsaicin .025%, Flurbiprofen 15%, Tramadol 15%, Menthol2%, Camphor 2% is not medically necessary.

**240 GM of Cyclobenzaprine 2%, Flurbiprofen 20%:** 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:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. In this case, the requested compounded cream contains Cyclobenzaprine and Flurbiprofen that are not recommended by the guidelines 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. Therefore, the request for 240 GM of Cyclobenzaprine 2%, Flurbiprofen 20% is not medically necessary.

