

<b>Case Number:</b>	CM14-0063153		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 46-year-old male who reported an injury on 07/02/2012 and sustained injury to his lower back. The injured worker reported he put a ladder down to the 1st floor and tied a rope around his body and tried to lower the AC cooler along with the body of the ladder. However, the cooler slipped from the ladder and pulled his body downward, injuring his lower back. The injured worker's treatment history included epidural steroid injections, physical therapy, MRI studies, and medications. The injured worker was evaluated on 07/21/2014 and it was documented that the injured worker complained of cervical spine, thoracic spine, lumbar spine, left shoulder, left elbow, and right/left knee pain. The injured worker's pain was rated at 5/10. Physical examination of the cervical spine revealed range of motion was decreased and painful. Left/right lateral bending was 40 degrees. Left/right rotation was 70 degrees. There was tenderness to palpation over the cervical paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles. Cervical compression was positive. Thoracic spine physical examination there was tenderness to palpation present at the thoracic spine. The ranges of motion were decreased and painful. Left/right rotation was 30 degrees. Flexion was 45 degrees. There was tenderness to palpation of the thoracic paravertebral muscles. There was muscle spasm of the thoracic paravertebral muscles. Kemp's caused pain bilaterally. Lumbar spine physical examination revealed there was mild trigger point of paraspinals bilaterally at the lumbar spine. The provider noted the injured worker used a lower back brace. Left/right lateral bending was 25 degrees and 20 degrees. There was tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Straight leg raise was positive on the left. Kemp's was positive bilaterally. Left shoulder physical examination there was tenderness to palpation over the anterior shoulder, lateral shoulder, and supraspinatus. Supraspinatus press was positive. Left elbow examination there was tenderness to palpation over

the anterior elbow and lateral elbow. Cozen's was positive. Right knee examination there was tenderness to palpation over the anterior knee, lateral knee, medial knee, and posterior knee. McMurray's was positive. Diagnoses included cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, thoracic muscle spasm, thoracic sprain/strain, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, left shoulder sprain/strain, left shoulder tenosynovitis, left elbow sprain/strain, left lateral epicondylitis, right knee lateral meniscus tear, rule out right knee internal derangement, left knee sprain/strain, rule out left knee internal derangement, disruptions of 24-hour sleep wake cycle, loss of sleep, sleep disturbance, anxiety, depression, irritability, nervousness, psych component, and psych diagnosis. The Request for Authorization dated 07/21/2014 was for Flurbiprofen 25% Cyclobenzaprine 02%, and Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% 24 gm and the rationale was for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 25% Cyclobenzaprine 02% with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition, Chapter: Pain, Topical Analgesics.

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

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Cyclobenzaprine as a topical medication. The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for Flurbiprofen 25%, Cyclobenzaprine 02% with 1 refill is not medically necessary.

**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 Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition, Chapter: Pain, Topical Analgesics.

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

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Non-steroidal anti-inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Cyclobenzaprine as a topical medication. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for Capsaicin 0.025% Flurbiprofen 15% Tramadol 15 % Menthol 2% Camphor 2% 240 gm with 1 refill is not medically necessary.