

<b>Case Number:</b>	CM14-0068484		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Illinois. 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 40-year-old male with a reported date of injury on 03/04/2014. The mechanism of injury was noted to be from a motor vehicle accident. His diagnoses were noted to include cervical spine sprain/strain with myospasms, lumbar spine sprain/strain with myospasms, cervical radiculitis, and thoracic spine sprain/strain. His previous treatments were noted to include hot/cold packs and medications. The progress note dated 04/28/2014 revealed complaints of pain to the upper back rated 5/10, mid back rated 5/10, and complaints of slight anxiety. The physical examination of the cervical spine revealed tenderness to palpation with spasms of the suboccipitals and upper trapezius muscles. The cervical spine range of motion and muscle strength testing revealed decreased range of motion and decreased muscle strength. The physical examination of the thoracolumbar spine revealed tenderness to palpation with spasms of the lumbar spine and tenderness to palpation of the bilateral sacroiliacs. The lumbar spine range of motion and muscle strength testing revealed decreased range of motion with decreased muscle strength. There was a positive sitting root test performed and the sensations were intact. The Request for Authorization Form was not submitted within the medical records. The request was for capsaicin 0.025%/flurbiprofen 15%/tramadol 15%/menthol 2%/camphor 2% and cyclobenzaprine 2%/flurbiprofen 20%; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, 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 Topical Analgesics, Flurbiprofen, Capsaicin, Tramadol Page(s): 111, 72, 28, 82.

**Decision rationale:** The request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary. The injured worker complains of upper and mid back pain. The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. Flurbiprofen is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmic solution. The guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is not an FDA approved formulation of topical tramadol. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended, and flurbiprofen and tramadol are not recommended as topical applications, and capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, and there is a lack of documentation regarding previous treatments attempted by the injured worker. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**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 Cyclobenzaprine, Flurbiprofen Page(s): 113, 72.

**Decision rationale:** The request for Cyclobenzaprine 2%, Flurbiprofen 20% is not medically necessary. The injured worker complains of mid and upper back pain. The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended, and cyclobenzaprine and flurbiprofen are not recommended as topical agents. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.