

<b>Case Number:</b>	CM14-0072663		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/08/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational 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 56-year-old female who has submitted a claim for kyphosis associated with an industrial injury date of 09/08/2007. Medical records from 03/24/2014 were reviewed and showed that patient complained of constant neck pain and low back pain, both rated at 6.5 out of 10 with radiation into the bilateral upper extremities. The patient also complained of left hip pain, left knee pain, left ankle pain and left foot pain, all rated at 6.5 out of 10. The physical examination revealed grade 2 trigger points for the cervical and lumbar spine. The patient ambulates with a single point cane. Treatment to date has included oral medications, topical medications and shockwave therapy sessions. Utilization review dated 04/29/2014 denied the requests for topical analgesics; Flurbiprofen 20% Cream 120 Grams DOS: 3/24/2014, Ketoprofen 20% Ketamine 10% Cream 120 Grams DOS: 03/24/2014 and Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% Cream 120 Grams DOS: 03/24/2014 because there is no documentation to show that the patient had intolerance to other treatments, or has failed a trial of antidepressants and anticonvulsants to support the use of topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Cream 120 Grams DOS: 3/24/2014:** Upheld

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

**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, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. 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 patient was prescribed the topical analgesic on 03/24/2014. However, according to the submitted medical records, the patient reported no symptoms of intolerance to current oral analgesic medication to support the need for topical cream use. Moreover, Flurbiprofen is not recommended for topical use. Therefore, the request for Flurbiprofen 20% Cream 120 Grams DOS: 3/24/2014 is not medically necessary.

**Ketoprofen 20% Ketamine 10% Cream 120 Grams DOS: 03/24/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Ketoprofen.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. According to the guidelines, Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. According to the FDA, Ketoprofen is not recommended for topical applications and has an extremely high incidence of photo contact dermatitis. In this case, the patient was prescribed the topical analgesic on 03/24/2014. However, according to the submitted medical records, the patient reported no symptoms of intolerance to current oral analgesic medication to support the need for topical cream use. Furthermore, this topical cream has Ketoprofen that is not recommended for topical use. Therefore the request for Ketoprofen 20% Ketamine 10% Cream 120 Grams DOS: 03/24/2014 is not medically necessary.

**Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% Cream 120 Grams DOS: 03/24/2014:** Upheld

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

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

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. Gabapentin is not recommended for topical applications. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Regarding the Capsaicin component, page 28 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. 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, In this case, the patient was prescribed the topical analgesic on 03/24/2014. However, according to the submitted medical records, the patient reported no symptoms of intolerance to current oral analgesic medication to support the need for topical cream use. Moreover, the requested compounded cream contains Gabapentin, which is not recommended for topical use. Lastly, the guidelines do not support the preparation of Capsaicin 0.0375% as it provides no further efficacy and is unnecessary. Therefore, the request for Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% Cream 120 Grams DOS: 03/24/2014 is not medically necessary.