

<b>Case Number:</b>	CM14-0072919		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 & Rehabilitation has a subspecialty in Interventional Spine 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 51 year old with an injury date on 5/17/13. Patient complains of lower and middle back pain, rated 8/10 without medications, and 6/10 with medications per 4/18/14 report. The patient also states lower back pain radiates to bilateral lower extremities, left > right, with numbness/tingling per 4/18/14 report. The pain is aggravated by sitting, walking, or standing over 30 minutes per 4/18/14 report. Based on the 4/18/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar disc displacement with radiculopathy; 2. lumbar radiculopathy; 3. lumbar spine s/s; 4. thoracic spine s/s; 5. Insomnia. Exam on 4/18/14 showed "positive straight leg rise bilaterally. Decreased lumbar range of motion in all planes, especially flexion at 20/60 degrees." [REDACTED] is requesting capsaicin 0.0375% / menthol 5% / camphor 2% / tramadol 8% / gabapentin 10% cream, cyclobenzaprine 4% cream 180gm, and fluribprofen 20% / cyclobenzaprine 4% / lidocaine 5% cream 180gm. The utilization review determination being challenged is dated 5/1/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/9/13 to 4/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.0375%/ Menthol 5%/ Camphor 2%/ Tramadol 8%/ Gabapentin 10% cream:**  
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 Medicine; Salicylate topicals Page(s): 111-113; 105.

**Decision rationale:** This patient presents with back pain. The physician has asked for capsaicin 0.0375% / menthol 5% / camphor 2% / tramadol 8% / gabapentin 10% cream on 4/18/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Gabapentin for topical use. As topical Gabapentin is not indicated, the entire compound is also not indicated for use. Therefore, the request for Capsaicin 0.0375%/ Menthol 5%/ Camphor 2%/ Tramadol 8%/ Gabapentin 10% cream is not medically necessary and appropriate.

**Cyclobenzaprine 4% cream 180 gm:** 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 Medicine; Salicylate topicals Page(s): 111-113; 105.

**Decision rationale:** This patient presents with back pain. The physician has asked for cyclobenzaprine 4% cream 180gm on 4/18/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS does not recommend any muscle relaxant for topical use. As topical cyclobenzaprine is not indicated per MTUS guidelines, the requested cream would not be considered medically necessary.

**Flurbiprofen 20%/ Cyclobenzaprine 4%/ Lidocaine 5% cream 180 gm:** 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 Medicine; Salicylate topicals Page(s): 111-113; 105.

**Decision rationale:** This patient presents with back pain. The physician has asked for flurbiprofen 20% / cyclobenzaprine 4% / lidocaine 5% cream 180gm on 4/18/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. Thus, a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. In addition, cyclobenzaprine is not supported for topical use. Therefore, the request for Flurbiprofen 20%/ Cyclobenzaprine 4%/ Lidocaine 5% cream 180 gm is not medically necessary and appropriate.