

<b>Case Number:</b>	CM14-0074730		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/30/2005
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 48-year-old male who has submitted a claim for lumbar puncture reaction associated with an industrial injury date of March 30, 2005. Medical records from 2007 through 2014 were reviewed, which showed that the patient complained of persistent burning radicular neck, burning radicular low back and burning left knee pain. There was also associated headache, stress, insomnia and sexual dysfunction. On cervical examination, there was tenderness at the suboccipital region, trapezius and scalene muscles, intact sensation bilaterally and decreased motor strength bilaterally. Examination of the lumbar spine revealed ability to perform heel-toe walk, ability to squat 40%, tenderness at the lumbar paraspinal muscles and lumbosacral junction, decreased range of motion and positive straight leg raise testing at 50 degrees. Left knee exam showed tenderness at the medial and lateral joint lines, decreased range of motion, absence of ligament instability, intact sensation bilateral and reduced motor strength bilaterally. Treatment to date has included medications including diphenhydramine, gabapentin, Synapryn, deprizine, cyclobenzaprine, methylsulfonanylmethane and the topical creams. Utilization review from May 6, 2014 denied the request for 1 prescription for cyclobenzaprine 2% Flubiprofen 20% 240 gm because the guidelines do not provide evidence based recommendations regarding the topical application of flurbiprofen or cyclobenzaprine. The request for 1 Prescription for Capsaicin 0.25%, Flubiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 gm was also denied for the same reason.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription for Cyclobenzaprine 2%, Flubiprofen 20% 240 gm: Upheld**

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

**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 efficacy or safety. They are 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. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The use of Cyclobenzaprine as a topical muscle relaxant is not recommended. In this case, the compounded product was prescribed as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The prescribed medication contains both Flurbiprofen and Cyclobenzaprine that are not recommended for topical use. Therefore, the request for 1 Prescription for Cyclobenzaprine 2%, Flubiprofen 20% 240 gm is not medically necessary.

**(1) Prescription for Capsaicin 0.25%, Flubiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Capsaicin, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical Page(s): 111-113; 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, 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 efficacy or safety. They are 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the prescribed compound to the patient contained capsaicin, flubiprofen, tramadol, menthol, and camphor. CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Here, compounded products were prescribed as adjuvant therapy for oral medications. Flurbiprofen is an NSAID, which has little to no research supporting it. CA MTUS does not support the use of opioids, like Tramadol, in a topical formulation. 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. The prescribed medication contains Flurbiprofen, tramadol and menthol that are not recommended for topical use. Therefore, the request for 1 Prescription for Capsaicin 0.25%, Flubiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 gm: is not medically necessary.