

<b>Case Number:</b>	CM14-0079978		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/29/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Anesthesiology, has a subspecialty in Pain and is licensed to practice in Tennessee. 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:

This is a 40-year-old female with a date of injury of 7/29/12. The mechanism of injury occurred when she slipped and fell, landing on her buttocks in a sitting position. There was no notes date 4/10/14 provided in the submitted records. On 3/24/14, a clinic note checked off that she was taking meds as directed. On 3/17/14 the patient complained of severe gastritis and has over the last week stopped all her medications including the patch due to nausea and gastritis. The medications stopped included Norco, Naprosyn, Butrans patch, and gabapentin. On exam she has diffuse nonspecific tenderness throughout her cervical spine and decreased range of motion of the cervical spine due to pain. She was given a trial of both Lidoderm patch and Prilosec. The diagnostic impression is left lumbar radiculopathy, chronic cervical spine sprain/strain with C4-5, C5-6 disc herniation, chronic pain syndrome and narcotic dependency. Treatment to date: physical therapy, epidural injections, medication management. A UR decision dated 5/22/14 denied the retro requests for flurbiprofen/cyclobenzaprine dated 4/10/14, and tramadol/gabapentin/menthol/camphor/capsaicin also dated 4/10/14. Both of the topical compounded analgesic medications were denied because there was no clear detail provided as to why these particular prescription topical compounded analgesic medications were prescribed and how they were to be helpful in the overall treatment plan. The patient was having some problems with oral medications and gastritis. She was given Lidoderm patch as a trial and Prilosec. However, there was no clear detail indicating what specific outcome was achieved from the treatment with the Prilosec and the Lidoderm patch. It is not clear if this topical compounded analgesic treatment was to replace those 2 medications and to keep the patient off oral medications. Also, there was no clear detail indication why the patient could not use an over-the-counter topical agent, as needed for pain as the use of prescription topical compounded

analgesics is unproven as an effective treatment alternative for long-term pain relief and not supported in the guideline criteria.

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

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

**Retro: flurbiprofen/ cyclobenzaprine; 4/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25,28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, many agents are compounded as mono-therapy or in combination for pain control, including NSAIDs, but 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. Flurbiprofen is a NSAID, similar to ketoprofen. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. A specific rationale identifying why flurbiprofen/cyclobenzaprine topical analgesic would be required in this patient despite lack of guideline support was not identified. In addition, there were no notes dated 4/10/14 in the submitted records. Therefore, the request for retro flurbiprofen/cyclobenzaprine, 4/10/14 is not medically necessary.

**Retro: tramadol/ gabapentin/ menthol/ camphor/ capsaicin; 4/10/14 (duration and frequency unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25,28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines state that 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. There were no notes dated 4/10/14 to review. A specific rationale identifying why the compounded analgesic prescription of tramadol/gabapentin/menthol/camphor/capsaicin would be required in this patient despite lack of guideline support was not identified. In addition, the exact formulation of the product was not listed. Therefore, the retro request for tramadol/gabapentin/menthol/camphor/capsaicin; 4/10/14 (duration and frequency unknown) is not medically necessary.