

<b>Case Number:</b>	CM13-0025698		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/24/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 9/24/11. On 9/17/13, the injured worker submitted an application for IMR for review of Retro: Flur/Lido/Caps /Lid (New) 10%/2%/ 0.0125% Liq Ref # 0 Qty 120 For 30 Days, Dos 08/29/2013 (Spray), and Retro: Ketop/ Lidoc/Cap/Tram 15%/1%/0.0125% Liq Ref # 0 Qty 60 For 30 Days; Dos 08/29/2013 (Spray). The treating provider has reported the injured worker complained continued symptomology and wanting to proceed with back surgery. The diagnoses have included lumbar radiculitis, status post L4-5 hemilaminectomy, microdiscectomy, neuroforaminotomy (3/15/13), bilateral hip pain. Treatment to date has included medication and lumbar surgery. On 9/11/13 Utilization Review non-certified Retro: Flur/Lido/Caps /Lid (New) 10%/2%/ 0.0125% Liq Ref # 0 Qty 120 For 30 Days, Dos 08/29/2013 (Spray), and Retro: Ketop/ Lidoc/Cap/Tram 15%/1%/0.0125% Liq Ref # 0 Qty 60 For 30 Days; Dos 08/29/2013 (Spray). The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: FLUR/LIDO/CAPS /LID (NEW) 10%/2%/ 0.0125% LIQ REF # 0 QTY 120 FOR 30 DAYS, DOS 08/29/2013 (SPRAY): 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with unrated lumbar spine pain. The reason for the visit an evaluation for upcoming lumbar surgery. No post operative progress notes were provided. The patient's date of injury is 09/24/11. Patient is status post L4-L5 hemilaminectomy, microdiscectomy, and neuroforaminotomy on 03/15/13. The request is for RETRO: FLUR/LIDO/CAPS/LID (NEW) 10%/2%0.125% LIQ REF #0 QTY 120 FOR 30 DAYS DOS 8/29/13 -SPRAY. The RFA was not provided. Physical examination dated 03/12/13 reveals tenderness to palpation of the lumbar spine and discomfort across the iliac crest into the lumbosacral spine. Treater also notes weakness in the left knee extensor muscle as well as the left extensor hallucis longus and dorsiflexors. The patient is currently prescribed Norco, Levaquin, Prilosec, Zofran, Flexeril, and Medrox ointment. Diagnostic imaging was not included. Per progress note dated 03/12/13 patient is classified as temporarily totally disabled starting 03/15/13. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "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 of these agents. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. 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." In regards to the request for what appears to be a compounded cream containing Flurbiprofen, Capsaicin, and Lidocaine, the requested cream contains ingredients which are not supported by guidelines as topical agents in this form. Lidocaine is only approved in patch form. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Furthermore, topical NSAIDs are only supported for peripheral use; treater specifies that this cream is to be applied to the hip and low back. Therefore, the request IS NOT medically necessary.

**RETRO: KETOP/ LIDOC/CAP/TRAM 15%/1%/0.0125% LIQ REF # 0 QTY 60 FOR 30 DAYS; DOS 08/29/2013 (SPRAY):** 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with unrated lumbar spine pain. The reason for the visit an evaluation for upcoming lumbar surgery. No post operative progress notes were provided. The patient's date of injury is 09/24/11. Patient is status post L4-L5 hemilaminectomy, microdiscectomy, and neuroforaminotomy on 03/15/13. The request is for RETRO: KETOP/LIDOC/CAP/TRAM, 15%/1%/0.0125% LIQ REF#0 QTY 60 FOR 30 DAYS; DOS 8/29/13 -SPRAY. The RFA was not provided. Physical examination dated 03/12/13 reveals

tenderness to palpation of the lumbar spine and discomfort across the iliac crest into the lumbosacral spine. Treater also notes weakness in the left knee extensor muscle as well as the left extensor hallucis longus and dorsiflexors. The patient is currently prescribed Norco, Levaquin, Prilosec, Zofran, Flexeril, and Medrox ointment. Diagnostic imaging was not included. Per progress note dated 03/12/13 patient is classified as temporarily totally disabled starting 03/15/13. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "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 of these agents. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. 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."In regards to the request for what appears to be a compounded cream containing Ketoprofen, Lidocaine, Capsaicin, and Tramadol, the requested cream contains ingredients which are not supported by guidelines as topical agents. MTUS guidelines do not support Tramadol as a topical agent. Lidocaine is only approved in patch form. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Furthermore, topical NSAIDs are only supported for peripheral use; treater specifies that this cream is to be applied to the hip and low back. Therefore, the request IS NOT medically necessary.