

<b>Case Number:</b>	CM13-0027298		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 57 year old female who sustained an industrial injury on March 23, 2011. She has reported injury to her low back, both knees, and right wrist and has been diagnosed with preoperative consultation for lumbar spine surgery, hypertension, and dyslipidemia. Treatment has included lumbar epidural medications and physical therapy. Currently the injured worker complains of pain in her lower back, both knees, and right wrist. The treatment plan included medication management. On August 20, 2013 Utilization Review non certified Ketop/Lido/Cap/Tram and Flur/Cyclo Caps/Lid citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOP/LIDOC/CAP/TRAM:** 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with unrated occasional lower back pain following recent lower back surgery. The patient's date of injury is 03/23/11. Patient is status post left sided hemimicro laminectomy and microdiscectomy at unspecified level and date, status post right De Quervain's/intersection release at an unspecified date. The request is for KETOP/LIDOC/CAP/TRAM. The RFA is dated 08/07/13. Physical examination dated 01/31/13 reveals a well healed surgical incision to to first dorsal region of the right forearm. Physical examination of the lumbar spine reveals well healed surgical incision, pain across the iliac crest and lumbosacral spine, and no neurological deficit to lower extremities. Left hip examination reveals pain on palpation to the posteriolateral region and pain upon rotation of the joint. Bilateral knee examination reveals tenderness to the anterior joint line space and weakness bilaterally, positive patellar grind test bilaterally. Left foot examination reveals pain and tenderness around the left anterior talofibular ligament and pain on extension of the foot. The patient is currently prescribed Naproxen, Cyclobenzaprine, Omeprazole, Medrox, and Cidaflex. Diagnostic imaging was not included. Patient's current work status is not specified. 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, it is unclear where said cream is to be applied, as topical NSAIDs are only supported for peripheral use. Therefore, the request IS NOT medically necessary.

**FLUR/CYCLO/CAPS/LID:** 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with unrated occasional lower back pain following recent lower back surgery. The patient's date of injury is 03/23/11. Patient is status post left sided hemimicro laminectomy and microdiscectomy at unspecified level and date, status post right De Quervain's/intersection release at an unspecified date. The request is for FLUR/CYCLO/CAPS/LID. The RFA is dated 08/07/13. Physical examination dated 01/31/13 reveals a well healed surgical incision to to first dorsal region of the right forearm. Physical examination of the lumbar spine reveals well healed surgical incision, pain across the iliac crest and lumbosacral spine, and no neurological deficit to lower extremities. Left hip examination reveals pain on palpation to the posteriolateral region and pain upon rotation of the joint. Bilateral knee examination reveals tenderness to the anterior joint line space and weakness

bilaterally, positive patellar grind test bilaterally. Left foot examination reveals pain and tenderness around the left anterior talofibular ligament and pain on extension of the foot. The patient is currently prescribed Naproxen, Cyclobenzaprine, Omeprazole, Medrox, and Cidaflex. Diagnostic imaging was not included. Patient's current work status is not specified. 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, Cyclobenzaprine, Capsaicin, and Lidocaine, the requested cream contains ingredients which are not supported by guidelines as topical agents. MTUS guidelines do not support Cyclobenzaprine 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, it is unclear where said cream is to be applied, as topical NSAIDs are only supported for peripheral use. Therefore, the request IS NOT medically necessary.