

<b>Case Number:</b>	CM14-0186977		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with the date of injury of October 13, 2013. A utilization review determination dated October 28, 2014 recommends non-certification of keto/cyclo/caps/menth/camphor compound 30 g. A progress note dated September 24, 2014 identifies subjective complaints of mostly right-sided low back pain. The patient is being recommended for bilateral facet blocks and possible thermal ablation. The patient reports to be too sleepy on current medication, and is being recommended to discontinue gabapentin. The patient states that the cream is not very beneficial and that too is to be stopped. The physical examination identifies lumbar flexion to only 30 with pain in the low back and down both legs left worse than right. The patient can extend to 10 with pain in her low back going down both legs. Straight leg raise test is positive at about 30 on the right and 10 on the left. The patient has decreased pain and touch sensation bilaterally in the L 5 and the S1 nerve root distribution. The diagnoses include lumbar discogenic disease and lumbar facet disease. The treatment plan recommends a request for authorization for a right side L4-L5 and L5-S1 facet injection. The patient was counseled to use her heating pad twice a day only due to skin irritation, and a request for authorization for physical therapy two visits a week for four weeks for stretching of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETO/CYCLO/CAPS; MENTH; CAMPHOR COMPOUND 30GM:** 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113 of 127.

**Decision rationale:** Regarding request for a topical compound, the requested topical compound is a combination of keto/cyclo/caps/menth/camphor 30gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding cyclobenzaprine, the guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested topical compound of keto/cyclo/caps/menth/camphor 30gm is not medically necessary.