

<b>Case Number:</b>	CM14-0190080		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	01/30/2003
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 patient with a date of injury of January 30, 2003. A utilization review determination dated October 21, 2014 recommends noncertification of a topical compound. A progress report dated April 4, 2014 identifies a subjective complaints stating that the patient is status post fusion with residual sacroiliac joint pain. The patient is using self-directed exercise in a pool and a tens unit. His medication is controlling his pain. Objective examination findings reveal well-healed incision in the lumbar spine with tenderness over the sacroiliac joints. Diagnoses include herniated lumbar disc, lumbar radiculopathy, and status post lumbar fusion. The treatment plan recommends continuing medication including compound cream, a one-year gym membership, and continue a tens unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen/Menthol/Camphor/ Capsaicin 30 gms #120 ml with a DOS of 7/17/2014:** 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 (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Flurbiprofen/Menthol/Camphor/ Capsaicin 30 gms #120 ml with a dos of 7/17/2014, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the current request for Flurbiprofen/Menthol/Camphor/ Capsaicin 30 gms #120 ml with a dos of 7/17/2014 is not medically necessary.