

<b>Case Number:</b>	CM14-0200327		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, 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 66-year old male sustained an industrial related injury on 08/22/2003 of unknown mechanism. The initial results of the injury and diagnoses were not discussed. Current diagnoses as noted on the progress report dated 10/01/2014, include lumbar discogenic disease, chronic low back pain, lumbar spondylosis, status post lumbar fusion. Current complaints consisted of continued low back pain without medications, inability to get out of bed, decreased activity, numbness in both lower extremities, and difficulty walking. Objective findings noted on the progress report (10/01/2014) revealed a well healed surgical incision and spasm in the low back, painful and limited range of motion of the low back, positive Lasegue on the right, positive straight leg raises on the right to 50 degrees, and pain on the right at the S1 distribution. Treatment to date has included a lumbar fusion at L4-S1 (in 2012 per the UR report), medications, acupuncture (per the UR report), chiropractic treatments (per the UR report), a home exercise program, electrical stimulation, and assistive devices. Diagnostic testing and results were not provided or discussed in the clinical notes; however, the UR report indicates previous MRIs and ENG/NCV testing was provided. The topical compound medication was requested for the treatment of ongoing back pain and to help minimize the dependency on oral pain medications. Treatments in place around the time the compound medication was requested included assistive devices, a home exercise program electrical stimulation, and oral medications. The injured worker was reporting increased pain without medication, and increased difficulty with activities of daily living. There were no specific measurements provided to help access functional deficits. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 11/20/2014, Utilization Review non-certified a prescription for topical compound medication containing Ketoprofen 10% & Capsaicin 0.75% which was requested on 11/07/2014. The topical compound medication

was non-certified based on the non-recommendation of Ketoprofen as a topical agent by the CA MTUS, and the recommendation of Capsaicin by the FDA only when patients have failed to respond to or are intolerant to other treatments. The CA MTUS guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of topical compound medication containing Ketoprofen 10% & Capsaicin 0.75%.

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

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

**Ketoprofen 10%/Capsaicin 0.75%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113 of 127.

**Decision rationale:** Guidelines specify that all components of a topical medication must be recommended for the compounded topical to be recommended. Chronic Pain Medical Treatment Guidelines MTUS, Page 112-113 of 127 states the following regarding topical capsaicin: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Given this, the capsaicin 0.75% dosage is not recommended, and the entire formulation is not recommended. Therefore, Ketoprofen 10%/Capsaicin 0.75% is not medically necessary.