

<b>Case Number:</b>	CM14-0204223		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/07/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 7, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; and several months off of work. In a Utilization Review Report dated November 25, 2014, the claims administrator denied a request for several topical compounded drugs. The claims administrator referenced an RFA form received on November 18, 2014 in its denial. The applicant's attorney subsequently appealed. In an earlier notes dated September 3, 2014 and October 29, 2014, the applicant received acupuncture treatment. On June 10, 2014, the applicant presented with acute-onset low back pain. Flexeril, Motrin, prednisone, tramadol, and a lumbar support were endorsed. In an October 7, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and low back pain. A rather proscriptive 10-pound lifting limitation was endorsed, which the treating provider suggested that the applicant's employer was unable to accommodate. Flexeril, naproxen, and unspecified compounds were endorsed. On November 21, 2014, naproxen, Flexeril, unspecified topical compounds, and a rather proscriptive 10-pound lifting limitation were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1,49; 47.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound at issue at here are deemed "not recommended." It is further noted that the applicant's ongoing usage of what ACOEM Chapter 3, page 7 deems first line of oral pharmaceuticals such as oral naproxen and oral cyclobenzaprine effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary. Since this did not appear to be a chronic pain case as of the date the article in question was requested, November 21, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%  
180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1,49; 47.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the capsaicin-containing compound at issue, as a class, are deemed "not recommended." Here, the applicant's ongoing usage of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as naproxen and cyclobenzaprine, furthermore, effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary. As with the preceding request, since this did not appear to be a chronic pain case as of the date of the request, November 21, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.