

<b>Case Number:</b>	CM14-0076466		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Family Practice 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 25 yr. old female claimant sustained a work injury on 4/29/89 involving the low back. She was diagnosed with lumbar strain and headaches. An MRI in 2003 indicated the claimant had annular tear, mild canal stenosis and disc bulging of L4-S1. A progress note on 3/6/14 indicated the claimant had 9/10 back pain. Exam findings were notable for tingling and numbness in both legs. She was performing home exercises. A request was made in May 2014 for topical Flu20/Cap0.025/Met#180 and Gab5/Ket10/TR5/Cyclo 2.5 #180 to manage her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flu20/cap0.025/Met#180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. The compound above contains a topical NSAID- Flurbiprofen. According to the guidelines, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Based on the above, Flurbiprofen lacks efficacy for long-term management (greater than 2 weeks) for most pain and not proven for back pain. Therefore, the compound above is not medically necessary. Based on the above, Flurbiprofen lacks efficacy for long-term management (greater than 2 weeks ) for most pain and not proven for back pain. Therefore the compound above is not medically necessary.

**Gab5/Ket10/TR5/Cyclo2.5#180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound above contains a topical NSAID- Ketoprofen. According to the guidelines, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, the guidelines do not recommend topical Gabapentin use due to lack of evidence. Based on the above, the topical compound Gab5/Ket10/TR5/Cyclo2.5 is not medically necessary.