

<b>Case Number:</b>	CM14-0093136		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 48 year old male patient who sustained an industrial injury on 04/16/2012. Diagnoses on an examination dated 01/20/2014 included sprain and strain of lumbosacral, and other specified idiopathic peripheral nerve. According to the UR review of 05/19/2014, per the doctor's note dated 5/2/2014, he had low back pain with radiation to the left leg. The physical examination revealed decreased sensation in left L5 dermatomes and 5/5 strength in both lower extremities. Per the note dated 6/6/2014, the physical examination revealed normal findings. The medications list includes norco and compound analgesic creams. He has undergone a L5-S1 decompression and fusion on 06/05/2014 and revision surgery on 06/07/2014. He has had lumbar MRI. Other therapy for this injury was not specified in the records provided. According to the peer review report of 06/12/2014, no medical examinations were provided for review with the request for authorization. On 06/12/2014 Utilization Review non-certified a request for CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 15%, MENTHOL 2% (MODERATE PAIN, INFLAMMATION, SWELLING). The MTUS Guidelines were cited. On 06/12/2014 Utilization Review non-certified a request for CYCLOBENZAPRINE 2% GABAPENTIN 10% FLUBIPROFEN 15% (MUSCLE RELAXANT, NEUROPATHIC PAIN, INFLAMMATION). The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 2% GABAPENTIN 10% FLUBIPROFEN 15% (MUSCLE RELAXANT, NEUROPATHIC PAIN, INFLAMMATION): Upheld**

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

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

**Decision rationale:** Flurbiprofen is an NSAID, cyclobenzaprine is a muscle relaxant and gabapentin is anti-convulsant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants," ...) (Argoff, 2006) There is little to no research to support the use of many of these agents". Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". "Topical NSAIDs- 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". Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of CYCLOBENZAPRINE 2% GABAPENTIN 10% FLUBIPROFEN 15% (MUSCLE RELAXANT, NEUROPATHIC PAIN, INFLAMMATION) is not fully established for this patient.

**CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 15%, MENTHOL 2% (MODERATE PAIN, INFLAMMATION, SWELLING): Upheld**

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

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

**Decision rationale:** Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants" ...) (Argoff, 2006) There is little to no research to support the use of many of these agents". Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". "Topical NSAIDs- 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: Recommended only as an option in patients who have not responded or are intolerant to other treatments". The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and tramadol are not recommended by cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 15%, MENTHOL 2% (MODERATE PAIN, INFLAMMATION, SWELLING) is not fully established for this patient.