

<b>Case Number:</b>	CM15-0001013		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 injured worker is a 37-year-old male, who sustained an industrial injury on 07/25/2007. He has reported low back pain, neck pain, bilateral upper extremity pain, and bilateral wrist/hand pain. The diagnoses have included status post anterior cervical discectomy and fusion surgery at C6-7; status post anterior posterior lumbar fusion surgery at L4-S1; thoracic spine sprain/strain; cervical spine myofascial pain syndrome; lumbar spine myofascial pain syndrome; musculoligamentous sprain/strain of the bilateral wrists; and status post cervical and lumbar operations with residuals secondary manifestations of chronic pain. Treatment to date has included Tylenol, Ibuprofen, and extracorporeal shockwave therapy for the thoracic spine on 07/18/2013. Currently, the injured worker complains of frequent headache, rated 8-9 out of 10; constant neck pain, rated 9 out of 10, with radiation to the bilateral upper extremities with associated shooting pain to the head; constant mid-back pain, rated 9 out of 10, with associated spasms; constant low back pain, rated 9 out of 10, with radiation to the bilateral lower extremities and associated numbness and tingling sensation; and constant bilateral wrist/hand pain, rated 8 out of 10, with radiation to the bilateral upper extremities with associated numbness and tingling sensation bilaterally. The objective findings include guarded and limited range of motion of the neck; range of motion of the low back with significant limitation, guarding, and spasms; and intact gross lower extremity neurological examination. The treating physician requested topical creams due to the injured worker's inability to tolerate stronger medications due to gastritis and hallucinations. On 12/12/2014, Utilization Review (UR) non-certified the request for Flurbiprofen 20% cream 120g, noting the use of this medication since at least 10/2010. The

guidelines do not recommend long-term use of topical non-steroidal anti-inflammatory drugs (NSAIDs) or the use of custom compounded topical medications. The MTUS Chronic Pain Guidelines were cited. On 12/12/2014, Utilization Review (UR) non-certified the request for Ketoprofen 20%/Ketamine 10% cream 120g, noting the guidelines do not support the topical use of ketamine or topical Ketoprofen. The MTUS Chronic Pain Guidelines were cited. On 12/12/2014, Utilization Review (UR) non-certified the request for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120g, noting the guidelines do not recommend the topical use of gabapentin. The MTUS Chronic Pain Guidelines were cited.

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

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

**Flurbiprofen 20% cream 120g:** Upheld

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

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

**Decision rationale:** This 37 year old male has complained of neck pain, bilateral wrist and hand pain and low back pain since the date of injury 7/25/07. He has been treated with lumbar spine surgery, extracorporeal shock wave therapy, physical therapy and medications. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20% cream is not indicated as medically necessary.

**Ketoprofen 20%/Ketamine 10% cream 120g:** Upheld

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

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

**Decision rationale:** This 37 year old male has complained of neck pain, bilateral wrist and hand pain and low back pain since the date of injury 7/25/07. He has been treated with lumbar spine surgery, extracorporeal shock wave therapy, physical therapy and medications. The current request is for Ketoprofen 20%/Ketamine 10% cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ketoprofen 20%/Ketamine 10% cream is not indicated as medically necessary.

**Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% cream 120g:** Upheld

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

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

**Decision rationale:** This 37 year old male has complained of neck pain, bilateral wrist and hand pain and low back pain since the date of injury 7/25/07. He has been treated with lumbar spine surgery, extracorporeal shock wave therapy, physical therapy and medications. The current request is for Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375 % cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375 cream is not indicated as medically necessary.