

<b>Case Number:</b>	CM15-0143318		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male who sustained an industrial injury on 02-17-2006. Mechanism of injury was not found in documents presented for review. Diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac sprain. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 06-19-2015 documents the injured worker complains of low back pain extending from the bilateral sacroiliac joints and radiating down the bilateral legs associated with numbness and tingling. His current medications include Nalfon, Paxil, and Prilosec, Ultram ER, and Morphine sulfate ER, Norco and Flurbiprofen-menthol-Camphor and Capsaicin topical cream. On examination there was tenderness over the lumbar paraspinal musculature. Lumbar range of motion was restricted secondary to pain and stiffness. Supine straight leg raise was positive bilaterally, left greater than right. There is positive tenderness over the bilateral sacroiliac joints. Fabere and Patrick's tests are positive. He will have surgery when it can be coordinated with his family. There is diminished sensation to light touch and pinprick in the bilateral S1 dermatomal distribution. The treatment plan included refilling of medications. Treatment requested is for Topical Compound Medication (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) 120 grams, and Topical compound medication (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) 30 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound medication (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) 30 grams: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury in February 2006 and continues to be treated for radiating back pain. When seen, surgery had been authorized and was pending. Physical examination findings included decreased and painful range of motion with stiffness. Straight leg raising was positive. There was bilateral sacroiliac joint tenderness with positive Fabere and Patrick's testing. There was decreased lower extremity sensation. Medications were continued. Nalfon (fenopropfen) and topical compounded medications were being prescribed. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral fenopropfen is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.

**Topical Compound Medication (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) 120 grams: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury in February 2006 and continues to be treated for radiating back pain. When seen, surgery had been authorized and was pending. Physical examination findings included decreased and painful range of motion with stiffness. Straight leg raising was positive. There was bilateral sacroiliac joint tenderness with positive Fabere and Patrick's testing. There was decreased lower extremity sensation. Medications were continued. Nalfon (fenopropfen) and topical compounded medications were being prescribed. MTUS addresses the use of capsaicin which is recommended as an option in patients who have

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