

<b>Case Number:</b>	CM15-0169005		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male, who sustained an industrial injury on February 23, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar spine disc herniation and myospasm. Treatment to date has included diagnostic studies, epidurals, work restrictions and medication. Epidurals were noted to help him "short term" with work restrictions. On August 6, 2015, the injured worker complained of low back pain rated a 4 on a 1-10 pain scale. Physical examination of the lumbar spine revealed tenderness and spasm. The treatment plan included medication, chiropractic treatment-physiotherapy, urinalysis and a follow-up visit. On August 16, 2015, utilization review denied a request for topical Flurbiprofen- Capsaicin-Menthol-Camphor-Ketoprofen-Cyclobenzaprine-Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Flurbiprofen/Capsaicin/Menthol/Camphor/Ketoprofen/Cyclobenzaprine/Lidocaine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient was injured on 02/23/10 and presents with low back pain. The request is for Topical Flurbiprofen/Capsaicin/Menthol/Camphor/Ketoprofen/ Cyclobenzaprine/ Lidocaine. The RFA is dated 08/12/15 and the patient is to return to full duty on 08/06/15. MTUS Guidelines, Topical Analgesics, page 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use". MTUS, page 29, Capsaicin, topical, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis". Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The patient is diagnosed with lumbar spine disc herniation and myospasm. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine, Lidocaine, and Ketoprofen, neither of which is indicated for use as a topical formulation. Therefore, the requested compounded topical is not medically necessary.