

<b>Case Number:</b>	CM15-0169352		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/20/2015
<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: Arizona, 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:

The injured worker is a 34 year old female who sustained an industrial injury on 07-03-2014. She reported injuries to her lower back and left knee. Treatment to date has included medications and physical therapy. On 03-31-2015, the injured worker underwent a left L4-L5 transforaminal epidural steroid injection. On 07-07-2015, she underwent a lumbar sympathetic block. On 06-04-2015, MRI of the left knee showed bone marrow reconversion in the visualized distal femur and proximal tibia and knee joint effusion. MRI of the lumbar spine performed on 06-04-2015 showed: 1.) hemangioma at L5; 2.) straightening of the lumbar lordotic curvature; 3.) L3-L4 broad based disc herniation which abuts the thecal sac. Disc material causes bilateral neural foraminal narrowing. Disc measurement is 2.2 millimeters. 4.) L4-L5 broad based disc herniation which abuts the thecal sac. Disc material causes bilateral neural foraminal narrowing. Disc measurement is 3.3 millimeters. 5.) L5-S1 broad based disc herniation. Disc material causes bilateral neural foraminal narrowing. Disc measurement: 2.7 millimeters. According to a progress report dated 07-02-2015 the injured worker reported burning, radicular low back pain and muscle spasms. Pain was rated 6. Pain was associated with numbness and tingling of the bilateral lower extremities. She reported burning left knee pain that was rated 6 on a scale of 1-10. Pain persisted, but medications offered temporary relief of pain and improved her ability to have a restful sleep. Examination of the lumbar spine demonstrated preserved lumbar lordosis. There was no hypo or hyperlordosis noted. There was no evident ecchymosis, abrasions, laceration, swelling or suture lines. Tenderness was noted at the lumbar paraspinal muscles. Active range of motion was below normal ranges with flexion, extension, left lateral flexion, right lateral flexion, left rotation and right rotation. Examination of the left knee demonstrated

tenderness over the medial and lateral joint line and at the patellofemoral joint. Range of motion with flexion was decreased below normal. Slightly decreased sensation to pin-prick and light touch at L4, L5 and S1 dermatomes bilaterally was noted. Motor strength was 4 out of 5 in the bilateral lower extremities. Deep tendon reflexes were 2+ and symmetrical in the bilateral lower extremities. Vascular pulses were 2+ and symmetrical in the bilateral lower extremities. Diagnoses included lumbago, lumbar spine sprain strain rule out disc displacement, rule out lumbar radiculopathy and left knee sprain strain rule out derangement. The treatment plan included continuation with course of localized intense neurostimulation therapy and medications. Electrodiagnostic studies of the bilateral lower extremities were pending. The injured worker was temporarily totally disabled through 08-06-2015. On 07-02-2015, an authorization request was submitted for review. The requested services included Cyclobenzaprine 2%, Flurbiprofen 25% (muscle relaxant - moderate pain) 180 grams and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% (moderate pain - inflammation neuropathic pain) 180 grams. On 08-20-2015, Utilization Review non-certified compound medication: Cyclobenzaprine 2%, Flurbiprofen 25% (muscle relaxant - moderate pain) 180 grams and compound medication: Capsaicin 0.25%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% (moderate pain - inflammation neuropathic pain) 180 grams.

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

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

**Compound medication: Cyclobenzaprine 2%, Flurbiprofen 25% (muscle relaxant - moderate pain) 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**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. This is 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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also on another compound simultaneously containing Flurbiprofen. Since the compound above contains these topical medications, the Cyclobenzaprine 2%, Flurbiprofen 25% (muscle relaxant - moderate pain) is not medically necessary.

**Compound medication: Capsaicin 0.25%, Flurbiprofen 15%, Gabapentin 19%, Menthol 2%, Camphor 2% (moderate pain - inflammation neuropathic pain) 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**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. This is 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. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also on another compound simultaneously containing Flurbiprofen. Since the compound above contains these topical medications, the Capsaicin 0.25%, Flurbiprofen 15%, Gabapentin 19%, Menthol 2%, Camphor 2% is not medically necessary.