

<b>Case Number:</b>	CM15-0195823		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New Jersey, New York  
 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 51 year old male who sustained an industrial injury September 27, 2011. Past treatment included anti-inflammatory medication, pain medication, (12) sessions of physical therapy for the lower back, and x-rays were performed. An agreed medical orthopedic evaluation dated July 22, 2015, documented an MRI dated March 2012, (report not present in the medical record) showed a 4mm disc at L3-4 and L4-5. According to a primary treating physician's handwritten progress report dated August 20, 2015, the injured worker presented for follow-up. Objective findings included; positive straight leg raise; positive sensory deficits; positive sciatica. Some handwritten notes are difficult to decipher. Diagnoses are herniated L3-L4 intervertebral disc; degenerative lumbosacral disc disease; radiculopathy lower extremities. At issue, is a request for authorization dated August 20, 2015, for Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%, and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%. According to utilization review dated September 3, 2015, the requests for Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%, and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25 Percent, Lidocaine 5 Percent, Menthol 5 Percent, Camphor 1 Percent:**  
Upheld

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

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

**Decision rationale:** The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. There are no guidelines for the use of menthol with the patient's spine complaints. In the MTUS, there are no guidelines for the use of camphor. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

**Cyclobenzaprine 10 Percent, Gabapentin 5 Percent, Lidocaine 5 Percent, Capsaicin 0.025 Percent:** Upheld

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

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

**Decision rationale:** The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. There is no documentation that the patient was unable to tolerate oral analgesics. Therefore, the request is considered not medically necessary.