

<b>Case Number:</b>	CM15-0210584		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 36-year-old male, who sustained an industrial injury on 6-4-14. He reported back pain. The injured worker was diagnosed as having cervical spine sprain and strain with bilateral upper extremity radiculitis, bilateral shoulder sprain and strain, thoracic spine sprain and strain, and lumbar spine sprain and strain with bilateral lower extremity radiculitis. Treatment to date has included physical therapy, trigger point injections, and medication including Voltaren, Prilosec, and topical cream. The injured worker had been using Flurbiprofen-Menthol-Capsaicin-Camphor cream since at least August 2015. On 8-25-15, cervical spine pain was rated as 8 of 10 and thoracic and lumbar spine pain rated as 9 of 10. On 9-1-15, the injured worker complained of pain in the cervical spine rated as 9 of 10, thoracic spine pain rated as 8 of 10, and lumbar spine pain rated as 8 of 10. On 9-10-15, the treating physician requested authorization for Flurbiprofen-Menthol-Capsaicin-Camphor cream. On 9-29-15, the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Menthol/Capsaicin/Camphor cream:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Flurbiprofen/Menthol/Capsaicin/Camphor cream is determined to not be medically necessary.