

<b>Case Number:</b>	CM15-0037958		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45-year-old male who sustained an industrial injury on 02/13/14. He reports upper and low back pain. Diagnoses include cervical and lumbar spine sprain/strain, lumbar radiculitis, lumbar and cervical spine spondylosis, cervical and lumbar spine disc protrusions, cervical and lumbar spine facet arthrosis, and bilateral carpal tunnel syndrome. Treatments to date include medications, and a lumbar ESI. In a progress note dated 10/14/14 the treating provider recommends transdermal compounds, and a TENS unit, as well as a hot and cold pack/wrap. On 02/05/15 Utilization Review non-certified the transdermal compounds, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Flurbiprofen 2%/25% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Flurbiprofen and Cyclobenzaprine. There are no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). Therefore, topical (Flurbiprofen 25%, Cyclobenzaprine 2%) is not medically necessary.

**Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor 0.025%/15%/10%/12%/2% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment Guidelines, section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Topical Compound Cream: Capsaicin/ Flurbiprofen/Gabapentin/Menthol/Camphor 0.025%/15%/10%/12%/2% 180 gm is not medically necessary.