

<b>Case Number:</b>	CM15-0043328		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 63 year old male, who sustained an industrial injury on February 20, 2009. The injured worker was diagnosed as having lumbar herniated nucleus pulposus (HNP) at L4-L5 with grade 1 spondylolisthesis and instability, herniated nucleus pulposus (HNP) at L5-S1, bilateral lower extremity L5-S1 radiculopathy, facet hypertrophy L4 through S1, facet arthropathy at C5-C6 and C6-C7, bilateral upper extremity C6-C7 radiculopathy, bilateral plantar fasciitis, anxiety/depression secondary to industrial injury, resolved, gastrointestinal (GI) upset, resolved, hypertension, and sleep disorder secondary to industrial injury. Treatment to date has included lumbosacral spine MRI, electromyography (EMG)/nerve conduction study (NCS) of the bilateral upper and lower extremities, home exercise program (HEP), and medication. Currently, the injured worker complains of constant and moderately severe low back pain with radiation to the bilateral lower extremities down to the feet associated with numbness, tingling, and weakness, low back pain, bilateral hip pain, anxiety, depression, stress, and insomnia. The Primary Treating Physician's report dated January 9, 2015, noted the lumbar spine range of motion (ROM) limited, with straight leg raise positive bilaterally, and sensory deficit noted over the bilateral L5 and S1 dermatomes. Lower extremity motor weakness was noted over the bilateral extensor hallucis longus, gastrocnemius, and peroneus longus motor groups at 4/5, with the Tendo-Achilles reflex absent bilaterally. The Physician noted the injured worker given prescriptions for Anaprox DS, Flexeril, Ultracet, and three topical compound creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream 120gms: 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 analgesic Page(s): 111-113.

**Decision rationale:** Per the 01/09/15 report the patient presents with constant lower back pain with radiation to the bilateral lower extremities down to the feet with associated numbness and tingling and weakness along with bilateral hip pain. The patient's listed diagnoses include: Bilateral plantar fasciitis. The current request is for FLURBIPROFEN 20% CREAM 120 GMS per the 01/09/15 RFA that is included. He is not working. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The reports provided for review make only the general statement that this medication is to be applied to the affected area. The currently requested medication is indicated for peripheral joint/arthritis tendinitis. The 11/13/14 examination findings do show pain and cramping in the foot and there is a diagnosis of plantar fasciitis, neuropathic pain and back complaints; however, there is no evidence of peripheral joint complaints. Furthermore, the patient has been prescribed this medication since at least 11/10/14 and the treating physician does not explain how this medication helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

**Ketoprofen 20%/Ketamine 10% cream 120gms: 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 analgesic Page(s): 111-113.

**Decision rationale:** Per the 01/09/15 report the patient presents with constant lower back pain with radiation to the bilateral lower extremities down to the feet with associated numbness and tingling and weakness along with bilateral hip pain. The patient's listed diagnoses include: Bilateral plantar fasciitis. The current request is for KETOPROFEN 20% KETAMINE 10% CREAM 120 GMS per the 01/09/15 RFA that is included. He is not working. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further 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. The treating physician states the medication is to be applied to the affected area as an adjunctive treatment to reduce the amount of oral medication needed. However, the requested compounded topical cream contains Ketoprofen which is not FDA approved for topical application. Therefore, the requested medication is not recommended and IS NOT medically necessary.

**Gabapentin 10%/Cyclobenzaprine 10% w/0.375% Capsaicin cream 120gms:** 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 analgesic Page(s): 111-113.

**Decision rationale:** Per the 01/09/15 report the patient presents with constant lower back pain with radiation to the bilateral lower extremities down to the feet with associated numbness and tingling and weakness along with bilateral hip pain. The patient's listed diagnoses include: Bilateral plantar fasciitis. The current request is for GABAPENTIN 10%-CYCLOBENZAPRINE 10% W/0.375% CAPSAICIN CREAM 120 GRAMS per the 01/09/15 RFA that is included. He is not working. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 113, Topical Analgesics states: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine is a muscle relaxant and is not discussed under the MTUS Topical analgesics section, which states on page 113, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The treating physician states the medication is to be applied to the affected area as an adjunctive treatment to reduce the amount of oral medication needed. However, the requested compounded topical cream contains Gabapentin, which is specifically not recommended for topical formulation per the MTUS guidelines. It also contains Cyclobenzaprine which is not recommended. Therefore, the currently requested medication is not recommended and IS NOT medically necessary.