

<b>Case Number:</b>	CM15-0051363		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 54 year old female, who sustained an industrial injury on 11/04/2011. She has reported injury to the low back and left ankle. The diagnoses have included lumbosacral strain/arthrosis; and status post left ankle fracture with patellar osteochondritis lesion. Treatment to date has included medications, aquatic therapy, and home exercise program. Medications have included Celebrex, Flector patches, and topical compounded creams. A progress note from the treating physician, dated 02/05/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the lumbar spine and her left ankle; and radicular symptoms in her left foot have gotten better. Objective findings included no tenderness to palpation in the left ankle and mild edema in the left malleolus. The treatment plan has included continuing home exercises; and the request for prescription medications: Compound: Ibuprofen 10% #60 gm; Compound: Cyclobenzaprine 2% 5 gm; and Flector patches #2 boxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD: Ibuprofen 10% #60gm plus 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Muscle relaxants Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Topical Ibuprofen 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 had been on the compound for several months and additional 1 month refill is not indicated. The claimant was on an oral NSAID (Celebrex) and another topical NSAID (Flector). Systemic absorption of topical NSAIDs can reach that of oral and compound renal and GI risks. There are diminishing effects after 2 weeks. The topical Ibuprofen is not medically necessary.

**CMPD: Cyclobenzaprine 2% 5gm plus 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Muscle relaxants Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**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, and are 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. The claimant was using topical Cyclobenzaprine in combination with 2 topical NSAIDs and an oral NSAID. There is no evidence to support the use of such multiple compounds for several months. The topical Cyclobenzaprine as requested above is not medically necessary.

**Flector patches #2 boxes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**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, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant had been on the compound for several months and additional 1 month refill is not indicated. The claimant was on an oral NSAID (Celebrex) and another topical NSAID (Ibuprofen). Systemic absorption of topical NSAIDS can reach that of oral and compound renal and GI risks. There are diminishing effects after 2 weeks. The Flector patches are not medically necessary.