

<b>Case Number:</b>	CM15-0081555		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 (IW) is a 35-year-old male who sustained an industrial injury on 09/10/2014. Diagnoses include bimalleolar fracture-closed, status post open reduction internal fixation (ORIF). Treatment to date has included medications, physical therapy, walking boot, and cane and ankle surgery. Diagnostics included x-rays. According to the progress notes dated 3/3/15, the IW reported right ankle pain was much better, but still present. He was walking with a cane. A request was made for compound cream: Cyclo/Cap/Men/Cam/Flur 30Gms, apply 2-3 times per day as needed; Flurbiprofen 20% 30Gms, apply 2-3 times per day as needed, 30-day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1%, Flurbiprofen 15% 30gm 30 day supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**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. There is no evidence to use muscle relaxants as a topical product. Any compounded product that contains at least one drug that is not recommended is not recommended. 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 are no guidelines for the use of menthol with the patient's complaints. In the MTUS, there are no guidelines for the use of camphor. 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. Therefore, the request is considered not medically necessary.

**Flurbiprofen 20% 30gm 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**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. There were no documented goals of treatment. Topicals are often used when oral medications are not tolerated; however, it is unclear if he cannot tolerate oral medications. Therefore, the request is considered not medically necessary.