

<b>Case Number:</b>	CM15-0083915		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 33 year old male who sustained an industrial injury on 06/09/2008. Current diagnoses include lumbar neuralgia and sacral sprain/strain. Previous treatments included medication management. Previous diagnostic studies include cardio-respiratory diagnostic testing, sudoscan, MRI of the lumbar spine, muscle strength testing, EMG (report not included), and urine toxicology screenings. Report dated 03/26/2015 noted that the injured worker presented with complaints that included low back pain. Pain level was 4-5 out of 10 on the visual analog scale (VAS). Physical examination was positive for tenderness of the lumbar spine and sacrum, and limited flexion and extension due to pain. The treatment plan included requests for acupuncture, follow up exam in 4 weeks, topical compound creams, urinalysis test for toxicology, Naproxen, and cyclobenzaprine. Disputed treatments include ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% 120 gm and flurbiprofen/capsaicin/menthol/camphor 10/0.25%/ 2%/ 1% 120 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Medical documents do not provide evidence of a trial of first-line therapy. There is no indication that the patient has failed oral medication or is intolerant to other treatments. As such, the request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm is not medically necessary.

**Flurbiprofen/Capsaicin/Menthol/Camphor 10/0.25%/ 2%/ 1% 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 states that the only FDA approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." ACOEM and MTUS are silent regarding the use of camphor. The provided medical documents do not indicate osteoarthritis. There is no indication that the patient has failed oral

medication or is intolerant to other treatments. As such, the request for Flurbiprofen/  
Capsaicin/Menthol/Camphor 10/0.25%/ 2%/ 1% 120mg is not medically necessary.