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| <b>Case Number:</b>   | CM13-0034489 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 10/29/2010 |
| <b>Decision Date:</b> | 02/07/2014   | <b>UR Denial Date:</b>       | 09/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old female who reported a work-related injury on 10/29/2010, specific mechanism of injury not stated. The clinical note dated 05/16/2013 reports the patient was seen under the care of [REDACTED] who documented the patient presented for treatment of left 4th, 5th, and S1 radiculopathy, lumbar discopathy, and rule out internal derangement of the right hip. The provider documents the patient has significant increasing pain about the lumbar spine that radiates to the bilateral lower extremities with pain right greater than left. Upon physical exam of the patient, lumbar spine reveals tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive and there was dysesthesia at the L5-S1 dermatome. The provider documented physical exam of the right hip remained unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL POWDER 2.4 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for Cyclobenzaprine HCL powder 2.4 gm is not medically necessary or appropriate. Additionally, California MTUS indicates topical muscle relaxants are not recommended.

**CAPSAICIN POWDER 0.015 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for capsaicin powder 0.015 gm is not medically necessary or appropriate

**LIDOCAINE POWDER 1.2 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for lidocaine powder 1.2 gm is not medically necessary or appropriate.

**GLYCERIN LIQUID 30 ML:** 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for glycerin liquid 30 ml is not medically necessary or appropriate.

**TRAMADOL HCL POWDER 6 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for tramadol HCL powder 6 gm is not medically necessary or appropriate.

**FLURBIPROFEN POWDER 12 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for flurbiprofen powder 12 gm is not medically necessary or appropriate.

**KETOPROFEN POWDER 18 GM: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Ketoprofen is not FDA approved for topical application. Given all of the above, the request for ketoprofen powder 18 gm is not medically necessary or appropriate.

**GLYCERIN LIQUID 36 ML: 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for glycerin liquid 36 ml is not medically necessary or appropriate.

**LIDOCAINE HCL POWDER 1.2 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for lidocaine powder 1.2 gm is not medically necessary or appropriate.

**CAPSAICIN POWDER 0.0144 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of the requested multiple compound agents for topical application. The specifics of the requested topical analgesics as far as duration of use, frequency of use and efficacy of use were not stated. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for capsaicin powder 0.0144 gm is not medically necessary or appropriate.