

<b>Case Number:</b>	CM13-0038966		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/24/2003
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Internal Medicine and Cardiology 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 current request is not supported. The clinical documentation submitted for review fails to evidence support for the requested topical compounded analgesics. In addition, the clinical notes document the patient utilizes muscle relaxants, anti-inflammatories orally, therefore, specific rationale for the patient to utilize topical analgesics that contain anti-inflammatories as well as muscle relaxants is not supported nor evidenced in the clinical notes reviewed. The California MTUS indicates there is no evidence for use of any muscle relaxant as a topical product. In addition, 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 the above, the request for Flurbiprofen 10%/Cyclobenzaprine 25%/Capsaicin is neither medically necessary nor appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 15 %/Lidocaine 1%/Capsaicin .012%/Tramadol:** 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 support for the requested topical compounded analgesics. In addition, the clinical notes document the patient utilizes muscle relaxants, anti-inflammatories orally, therefore, specific rationale for the patient to utilize topical analgesics that contain anti-inflammatories as well as muscle relaxants is not supported nor evidenced in the clinical notes reviewed. The California MTUS indicates there is no evidence for use of any muscle relaxant as a topical product. In addition, 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 the above, the request for Ketoprofen 15 %/Lidocaine 1%/Capsaicin .012%/Tramadol is neither medically necessary nor appropriate

**Flurbiprofen 10%/Cyclobenzaprine 25%/Capsaicin:** Upheld

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**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence support for the requested topical compounded analgesics. In addition, the clinical notes document the patient utilizes muscle relaxants, anti-inflammatories orally, therefore, specific rationale for the patient to utilize topical analgesics that contain anti-inflammatories as well as muscle relaxants is not supported nor evidenced in the clinical notes reviewed. The California MTUS indicates there is no evidence for use of any muscle relaxant as a topical product. In addition, 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 the above, the request for Flurbiprofen 10%/Cyclobenzaprine 25%/Capsaicin is neither medically necessary nor appropriate.