

<b>Case Number:</b>	CM14-0000993		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 44 year old male who reported an injury on 07/25/2013. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/06/2013 reported the injured worker complained of constant throbbing and shooting pain in the right side of his low back into the right thigh and lower extremity. The injured worker rated his pain 4/10 at rest and indicated it increases with significant activity. The physical exam noted pain with forward flexion at 60 degrees and extension at 15 degrees. The injured worker had palpable lumbar paraspinous muscle spasm with myofascial trigger points and twitch response with referral of pain. The physician noted a positive straight leg raise on the right at 25 degrees with low back pain radiating into the right lower extremity. The provider recommended Flurbiprofen 25% lidocaine 5% menthol 5% camphor 1% and tramadol 15% lidocaine 5% dextromethorphan 10% carsacin 0.025%. The request for authorization was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND CREAM: FLURBIPROFEN 25% LIDOCAINE 5% MENTHOL 5% CAMPHOR 1% AND TRAMADOL 15% LIDOCAINE 5% DEXTROMETHORPHAN 10% CAPSAICIN 0.025%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** The requested for Flurbiprofen 25% lidocaine 5% menthol 5% camphor 1% and tramadol 15% lidocaine 5% dextromethorphan 10% capsaicin 0.025% is non-certified. The injured worker complained of constant throbbing and shooting pain in the right side of his low back into the right thigh and lower extremity. The injured worker rated pain 4/10 at rest and indicated it increases with significant activity. The California MTUS guidelines note that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also note topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use 4-12 weeks. In addition Lidocaine in the form of a dermal patch such as Lidoderm has been designated for orphan use status by the FDA for neuropathic pain. The guidelines also note capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines also note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of objective findings indicating the injured worker to have osteoarthritis or tendinitis, also a lack of clinical documentation supporting the injured worker to have neuropathic pain. Therefore the request for Flurbiprofen 25% lidocaine 5% menthol 5% camphor 1% and tramadol 15% lidocaine 5% dextromethorphan 10% capsaicin 0.025% is not medically necessary or appropriate.