

<b>Case Number:</b>	CM14-0112282		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/12/2002
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 54 year-old female who reported a work related injury on 07/12/2002 due to lifting a desk cabinet. The diagnoses consist of status post lumbar surgery. She has had an MRI and x-ray of the lumbar spine and thoracic spine. The injured worker previously had chiropractic care 3 times a week for 4 weeks. Upon examination on 06/17/2014, the injured worker's complaints were low back pain that she rated as a 7 out of 10 on the VAS pain scale and numbness and soreness to her left leg. It was also noted that there was tenderness to the lumbar and thoracic region with paraspinal spasms, greater on the left to the right. The treatment plan was for Flurbiprofen/Capsaicin/Menthol/Camphor #120gm and Ketoprofen/Cyclobenzaprine/Lidocaine #120gm, the rationale was not provided for review. The request for authorization form was submitted for review on 06/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin/Menthol/Camphor #120gm:** 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 Topical Analgesics Page(s): 111-114.

**Decision rationale:** The request for Flurbiprofen/Capsaicin/Menthol/Camphor #120gm is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug, or drug class that is not recommended. In regard to Flurbiprofen, the guidelines state topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated in this the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, however there are no long-term studies of their effectiveness or safety. Additionally, the guidelines specify that topical NSAIDs have not been evaluated for the treatment of conditions of the spine. In regard to capsaicin, it is only recommended as an option in patients who have not responded or are intolerant to other treatments. The injured worker was being treated for pain related to the spine. Therefore, topical NSAIDs are not supported. In addition, there was insufficient documentation showing nonresponse or intolerance to first line medications to warrant use of topical capsaicin. As the requested compound contains these agents, the compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, this request is not medically necessary.

**Ketoprofen/Cyclobenzaprine/Lidocaine #120gm:** 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 Topical Analgesics Page(s): 111-114.

**Decision rationale:** The request for Ketoprofen/Cyclobenzaprine/Lidocaine is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug, or drug class that is not recommended. In regard to cyclobenzaprine, the guidelines state there is no evidence for use of muscle relaxants as a topical products. As for topical lidocaine, the formulation of the brand Lidoderm patch is the only formulation recommended, and there are no other commercially approved topical formulations of lidocaine whether creams, lotions or gels indicated for neuropathic pain. As for ketoprofen, the guidelines state this is not FDA approved for topical application due to its high incidence of photocontact dermatitis. Therefore, as the topical use of Ketoprofen, cyclobenzaprine, and lidocaine are not supported, the requested topical compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, this request is not medically necessary.

