

<b>Case Number:</b>	CM14-0116400		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/31/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Emergency Medicine and Fellowship, 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 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 31-year-old female who reported an injury on 12/31/2013 due to unknown mechanism. On 06/11/2014, the injured worker presented with some degree of benefit from prior therapy and finds some medications to be helpful. Upon examination, the injured worker had a normal gait. There was tenderness to palpation over the bilateral paraspinal, suboccipital, and upper trapezius muscles and the tip of the spine. There was a negative compression and Spurling's and a positive distraction test. Examination of the lumbar spine noted tenderness to palpation over the bilateral paraspinal muscles and quadratus lumborum. There was a positive straight leg raise to the left and decreased sensation in the L5 dermatome. The diagnoses were cervical spine sprain/strain, lumbar sprain/strain, lower extremity radiculitis, right shoulder impingement, right medial epicondylitis and right carpal tunnel syndrome. Prior therapy included medication and physical therapy. The provider recommended topical compound creams; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%-240gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The request for Compound: Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%-240gm is not medically necessary. The California MTUS state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, and adenosine. There is little to no research to support the use of many of these agents. There is a lack of documentation of the injured worker's failure to respond to an antidepressant or an anticonvulsant. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the site at which the cream is indicated for, the quantity or the frequency in the request as submitted. As such, this request is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 20%-240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Cyclobenzaprine 2%, Flurbiprofen 20%-240gm is not medically necessary. The California MTUS state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, and adenosine. There is little to no research to support the use of many of these agents. There is a lack of documentation of the injured worker's failure to respond to an antidepressant or an anticonvulsant. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the site at which the cream is indicated for, the quantity or the frequency in the request as submitted. As such, this request is not medically necessary.