

<b>Case Number:</b>	CM14-0125836		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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, has a subspecialty in 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 49-year-old female who reported an injury on 06/22/2012; she reportedly sustained injuries to her low back and knees while carrying a heavy crate. The injured worker's treatment history included surgery, medications, topical creams, acupuncture therapy, and oral medications. The injured worker was evaluated on 05/21/2014, and it was documented the injured worker complained of frequent knee pain and low back pain with emphasis to the left side. She also complained of having weakness of the lower extremities. Acupuncture had decreased her pain levels. Examination of the knees revealed increasing grinding sensation of the knee, tenderness of the medial joint line; pain on Varus and Valgus stress, resisted knee extension was weak. Lumbar spine examination revealed Minor's sign, heel walk, and toe walk are negative on both sides. Valsalva, Kemp's test/facet, Yeoman's test, and iliac compression revealed pain on both sides with emphasis to the right side. Reflexes of the hamstrings are normal bilaterally. Diagnoses included lumbar radiculopathy, lumbar sprain/strain, internal derangement right knee s/p surgery, lumbar disc herniation, myalgia and myositis unspecified, spasm of muscle, anxiety state unspecified, and unspecified sleep disorder. Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.3025%/ Flurbiprofen 20%/ Tramadol 15%/ Menthol 2%/ Camphor 2%  
210gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Topical Capsaicin, Topical Salicylates, Tramadol Page(s): 72,.

**Decision rationale:** The requested is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA The requested is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... California MTUS guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of the ingredients of this compound. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. As the topical Flurbiprofen is not supported by the FDA or treatment guidelines and topical Tramadol is not supported by the FDA. The request for Capsaicin 0.3025%/ Flurbiprofen 20%/ Tramadol 15%/ Menthol 2%/ Camphor 2% 210gm is not medically necessary.

**Cyclobenzaprine 2%/Tramadol 10%/ Flurbiprofen 20% 210gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Cyclobenzaprine, Tramadol Page(s): 72, 111, 41, 82.

**Decision rationale:** The requested is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. The request for Cyclobenzaprine 2%/Tramadol 10%/ Flurbiprofen 20% 210gms is not medically necessary.