

<b>Case Number:</b>	CM14-0144925		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/12/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Emergency Medicine, has a subspecialty in Emergency Medical Services 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 57-year-old female who reported an injury on 02/12/1998. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included status post bilateral carpal tunnel release, recurrent right carpal tunnel syndrome, psychological diagnoses, and fibromyalgia syndrome. The injured worker's past treatments included surgery, medications, urine drug screens, and aquatic therapy. Her diagnostic studies were unspecified, but the radiology report revealed lateral and carpal tunnel views of the hands, which were normal. The injured worker's surgical history included an arthroscopic surgery of the left shoulder on an unspecified date. On 06/18/2014, the injured worker complained of pain in her neck and shoulders, mid back and low back. The physical exam revealed tenderness of the posterior cervical and bilateral trapezius musculature. The injured worker was able to forward flex within 1 fingerbreadth of chin to chest with extension to 10 degrees and lateral rotation of 60 degrees bilaterally. On examination of the lumbar spine, there was noted tenderness of the lumbar paravertebral musculature with forward flexion noted at 65 degrees, extension at 10 degrees, and lateral bending at 30 degrees. Also, there were multilevel tender midpoints palpable of the bilateral shoulders and hip girdles. Her medications consisted of Tylenol with codeine and a compounded topical analgesic. The treatment plan encompassed the use of Tylenol with codeine and the application of a topical compound containing Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, and Camphor 2.5%. A request was received for a compound FCS, which included Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, and Camphor 2.5%, 120 g. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: FCS (Flurbiprofen 10%, Capsaicin .05%, Menthol 2.5%, Camphor 2.5%) 120 gm:** Upheld

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

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

**Decision rationale:** The request for Compound FCS (Flurbiprofen 10%, Capsaicin .05%, Menthol 2.5%, Camphor 2.5%) 120 gm is not medically necessary. The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regard to the use of topical NSAIDs, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Capsaicin is only recommended only as an option in patients who have not responded or are intolerant to other treatments. Based on the clinical notes, the injured worker had a diagnosis of carpal tunnel syndrome, which may cause neuropathic symptoms. The use of topical analgesics would be supported for this indication. In regards to the use of NSAIDs as a topical treatment, the guidelines indicate a diagnosis of osteoarthritis or tendinitis should be used to warrant the use of the topical NSAID. Based on the clinical notes, the injured worker does not have a diagnosis of osteoarthritis or tendinitis. Therefore, the use of topical NSAIDs for analgesic purposes would not be supported. In regards to Capsaicin, the guidelines only recommend it as an option in patients who have not responded to or are intolerant of other treatments. Based on the clinical notes, it is unclear if the patient was intolerant to other treatments prior to the use of topical analgesics and thus the use of Capsaicin would not be supported. Also, the request did not include an application site. Due to the lack of documentation indicating that the injured worker failed a trial of antidepressants and anticonvulsants and lack of support from the guidelines to use Capsaicin and NSAIDs as a topical formulation, the request is not supported. Additionally, the guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Therefore, the request for Compound FCS (Flurbiprofen 10%, Capsaicin .05%, Menthol 2.5%, Camphor 2.5%) 120 gm is not medically necessary.