

<b>Case Number:</b>	CM14-0146396		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 and is licensed to practice in California. 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 patient is a 51 year old male who suffered his injury on 1/11/08 and complained of burning and radiating pain in his neck, shoulders, and lumbar area as well as muscle spasms. He also suffered from insomnia. He had had MRI's of his both shoulders and lumbar spine and also had received PT, acupuncture, and pain meds for treatment. On a visit to his Orthopedist on 4/31/14 he is noted to have cervical spine HNP, lumbar pain, left shoulder DJD, Right shoulder rotator cuff tear, Lumbar DJD, facet joint arthropathy, anxiety, insomnia, and mood disorder. His M.D. noted that he would continue with chiropractic treatment, Psych evaluation, localized neurostimulation, medication, and Pain management referral for further evaluation and treatment. His request for the topical applications of capsaicin/tramadol/menthol/flurbiprofen and for cyclobenzaprine/flurbiprofen was denied by the UR committee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 5/20/2014): Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen, (duration unknown and frequency 3 times a day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Topical agents for pain control are reviewed in the chronic pain section of the MTUS and are noted to be largely experimental in its use and their primary recommendation is for neuropathic pain that is not responsive to antidepressant or anticonvulsant medications .They are applied locally and as such patients are not subject to systemic effects or drug interactions and dose titration is not needed. They are either compounded into monotherapy or applied as combination treatment. If one compound in a combination treatment is not recommended then the whole compound cannot be recommended. In this particular patient there is no account of an adequate trial of anticonvulsant and antidepressant treatment which have failed. The patient has insomnia and a mood disorder and is being referred to for psych treatment and Pain medicine consult. Considering, the desirability of the above two referrals and the lack of use of other medications designated for neuropathic pain and the largely experimental nature of topical applications the UR's denial of the topical treatment was appropriate.

**Retrospective (DOS: 5/20/2014): Cyclobenzaprine/Flurbiprofen, (duration unknown and frequency 3 times a day): Upheld**

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

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

**Decision rationale:** As noted above, topical agents for pain control are reviewed in the chronic pain section of the MTUS and are noted to be largely experimental in its use and their primary recommendation is for neuropathic pain that is not responsive to antidepressant or anticonvulsant medications .They are applied locally and as such patients are not subject to systemic effects or drug interactions and dose titration is not needed. They are either compounded into monotherapy or applied as combination treatment. If one compound in a combination is deemed to be inappropriate then the whole compound is felt to be inappropriate. We note that in this patient there does not appear to be an adequate trial of anticonvulsant and antidepressant medications which represent the first line treatment of neuropathic pain. Also, the psychological aspect of pain is very important and we noted that psych treatment was to be undertaken. Also, an appropriate request for pain medicine consult was made. Considering, these factors and the fact that topical pain medications use is largely experimental in nature and not substantiated by scientific evidence the UR denial of the topical treatment was appropriate.