

<b>Case Number:</b>	CM14-0160596		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/10/2001
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female who reported injury on 01/10/2001. The mechanism of injury was unspecified. The injured worker's treatment history included MRI studies, medications, topical creams, and extracorporeal shockwave procedure. The injured worker was evaluated on 09/16/2014 and it was documented that the injured worker complained of frequent severe low backaches, tight, sore, sharp, and frequent. The injured worker rated her pain at 8/10 to 9/10 on the pain scale. The findings of the lumbosacral spine revealed flexion of 70 degrees, extension was 30 degrees, lateral flexion on the right and left was 20 degrees, and rotation on the right and left was 20 degrees. There was pain in all planes. Positive Kemp's, Bechtrews Elys, and iliac compression bilaterally. Straight leg raise was positive at 60 degrees on the right and 70 degrees on the left. The physical examination of the hip was flexion on the right was 70 degrees, extension on the right was 0 degrees, abduction on the right was 25 degrees, adduction was 15 degrees on the right, and external rotation on the right was 30 degrees, and internal rotation on the right was 20 degrees. There was pain in all planes. Positive hip compression and SI joints on the right. Medications included topical creams, Metaxalone, and tramadol. Diagnoses included lumbar sprain/strain, lumbar multilevel IVD, lumbar disc desiccation, myofascitis, radiculitis, and right hip sprain/strain. The 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:

**Compound Medications; Flur 20% Men 2% Cam 2%/Cap .02% #240g \$ Tram 20/Gab 15%/Ami 10%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, page 72, Topical analgesics page 111, Topical Capsaicin, page 28, Topical Salicyla.

**Decision rationale:** 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 provider failed to indicate the injured worker failing antidepressants or anticonvulsants. Additionally, the provider failed to indicate the injured worker having a diagnosis of neuropathic pain. Moreover, the request that was submitted failed to include the location where the topical compound medication is supposed to be applied to the injured worker. As such, the request for compound medications; Flur 20% Men 2% Cam 2%/Cap .02% #240g \$ Tram 20/Gab 15%/Ami 10% is not medically necessary.