

<b>Case Number:</b>	CM14-0168395		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational 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 injured worker is a 45 year old male with a date of injury on 6/26/2012. As per the 9/8/14 report, he complained of headaches, stomach pain, and sharp low back pain (6/10) radiating down the hips and left leg with numbness and tingling. He also reported stress, anxiety, insomnia, and depression. Exam revealed tenderness at the lumbar paraspinal muscles and over the lumbosacral junction, sciatic notch tenderness, tenderness to the bilateral hamstrings and greater trochanters, tenderness over the medial and lateral joint line and to the patellofemoral joint, bilaterally; slightly decreased sensation to pin-prick and light touch at the L4-5 and S1 dermatomes bilaterally. Motor strength was 4/5. Deep tendon reflexes and vascular pulses were 2+ and symmetrical in bilateral lower extremities. Lumbar spine magnetic resonance imaging scan dated 7/14/14 revealed grade 1 anterolisthesis at L5-S1 with bilateral pars defects. Spondylotic changes as described above. L5-S1 Moderate to severe bilateral neural foraminal narrowing with bilateral exiting nerve root compromise secondary to grade 1 anterolisthesis, 5 mm central disc protrusion and facet joint hypertrophy. A right knee magnetic resonance imaging scan dated 7/16/14 showed intrasubstance degeneration of the medial meniscus posterior horn. He had had a left hand surgery and an eye surgery. He is currently on Terocin patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Gabapentin, and Flurbiprofen. Previous treatment included medications with temporary relief of pain and sleep, and physical therapy. Toxicology for medications was negative on 6/27/14. Diagnoses include headache, abdominal pain, lumbar sprain/strain, herniated nucleus pulposus, rule out lumbar radiculopathy. Bilateral knee sprain/strain, rule out joint derangement, bilateral hip sprain/strain, rule out joint derangement, anxiety disorder, mood disorder, sleep disorder, stress, and psychosexual dysfunction. The request for Cyclobenzaprine 2% /Flurbiprofen 25%, 180 grams,

quantity: 1 container and Capsaicin 0.025%, Flurbiprofen 30%, Gabapentin 10%, Menthol 2 % and Camphor 2%, 180 grams, quantity: 1 container were denied on 09/08/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 2% /Flurbiprofen 25%, 180 grams, QTY: 1 container:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines cyclobenzaprine is not recommended for topical application. There is no peer-reviewed literature to support their use. Furthermore, according to the Chronic Pain Medical Treatment Guidelines, the only non steroidal anti-inflammatory drug that is Food and Drug Administration approved for topical application is diclofenac (Voltaren 1% Gel; Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in osteoarthritis workers with a low incidence of systemic adverse events). Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.

**Capsaicin 0.025%, Flurbiprofen 30%, Gabapentin 10%, Menthol 2 % and Camphor 2%, 180 grams, QTY: 1 container:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the Chronic Pain Medical Treatment Guidelines,, the only non steroidal anti-inflammatory drug that is approved for topical application is diclofenac (Voltaren 1% Gel). Capsaicin is recommended only as an option in workers who have not responded or are intolerant to other treatments. According to the guidelines, Gabapentin is not recommended for topical application. Per guidelines, any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.