

<b>Case Number:</b>	CM13-0043972		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/26/1998
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 56 year old female, who sustained an industrial injury on 5/26/1998. Diagnoses have included cervical sprain/strain with myofascitis, right shoulder impingement with rotator cuff tendonitis and intervertebral disc syndrome of the lumbar spine. Treatment to date has included medication. According to the progress report dated 9/30/2013, the injured worker complained of intermittent to frequent episodes of moderate pain with associated muscle spasms about her back region. She also complained of intermittent to frequent flare-ups of moderate to severe pain with associated muscle spasms about her neck. She complained that her neck and low back pain radiated into her shoulder blades and distally into her bilateral lower extremities. She complained of occasional episodes of insomnia as well as episodes of dyspepsia/gastrointestinal upset. Exam of the neck and back revealed tenderness with associated muscle spasms. There was decreased range of motion secondary to pain and stiffness. Exam of the right shoulder revealed tenderness to palpation and decreased range of motion. Authorization was requested for Keto 10% Cyclo10% (Ketoprofen 1.0gm, Cyclobenzaprine 1.0gm, Base 8.0gm) and Flurbiprofen 10% (Flurbiprofen 1.0 gm, Capsaicin 0.025mg, Menthol 0.05mg, Camphor 0.05mg, Base 8.875gm).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto 10% Cyclo10% (Ketoprofen 1.0gm, Cyclobenzaprine 1.0gm, Base 8.0gm):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request is for ketoprofen and cyclobenzaprine topical base, which is a topical compound applied to the skin. Ketoprofen is a non-steroidal anti-inflammatory and cyclobenzaprine is a muscle relaxant. Topical analgesics are recommended as an option in specific situations. 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. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the current MTUS guidelines, ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Furthermore, there is no evidence for use of any other muscle relaxant as a topical product.

**Flurbiprofen 10% (Flurbiprofen 1.0 gm, Capsaicin 0.025mg, Menthol 0.05mg, Camphor 0.05mg, Base 8.875gm):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request is for flurbiprofen, capsaicin, menthol, and camphor topical application, which is a topical compound applied to the skin for pain relief. Topical analgesics are recommended as an option in specific situations. 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. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS guidelines do not comment on menthol or camphor for topical use. The request as written is not supported by the MTUS guidelines, and therefore it is not medically necessary.