

<b>Case Number:</b>	CM14-0161641		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 58-year-old female, with a reported date of injury of 06/20/2008. The diagnoses include cervical sprain and lumbar sprain. Treatments to date have included MRIs, oral medications, an H-wave unit, a cane, and topical pain medications. The medical report dated 07/18/2014 indicates that the injured worker continued to have severe low back pain and neck pain. The objective findings include walked with a cane, favoring the right leg, bilateral tenderness and spasms of the cervical and trapezius muscles, increased bilateral tenderness and spasms of the L3-5 paraspinal muscles, decreased cervical range of motion, decreased lumbar range of motion, and decreased sensory to pin prick along the left anterior thigh. The treating physician requested a compound topical pain medication. It was noted that the injured worker was not able to take oral non-steroidal anti-inflammatory drugs due to her allergy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10 %, Cyclo 3%, Capsaicin .0375 %, Menthol 2 %, Camphor 1% Lipoderm Base, Ketoprofen 20 %Lipoderm Base (Retrospective dos:07/18/14): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS states, "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." Capsaicin (recommended after failure of 1st line) Chronic Pain Medical Treatment Guidelines Capsaicin page(s) 28 MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Cyclobenzaprine or muscle relaxants (not recommended) MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Ketoprofen (not recommended) per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions." Since this compound contains not recommended components, the request for Ketoprofen 10%, Cyclo 3%, Capsaicin 0.0375%, Menthol 2%, Campho 1%, Lipoderm Base, Ketoprofen 20% is not medically necessary.