

<b>Case Number:</b>	CM14-0161747		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 37-year-old male sustained a work-related back injury on 12/28/2010. He was diagnosed with lumbar facet syndrome, sacroiliitis, thoracalgia, cervicobrachial syndrome and possible post concussion syndrome. Previous treatments include medications, physical therapy, chiropractic, acupuncture, facet joint injections and epidural steroid injections. The treating provider requests transdermal cream compounded NSAID Flurbiprofen 20% 6 Gm and transdermal cream compounded Tramadol 20% 6 Gm. The Utilization Review on 9/15/2014 non-certified transdermal cream  
compojavascript:track('tracking.base.update.request.do?trackingId=60439273&dataObjectKey=object.imr')unded NSAID Flurbiprofen 20% 6 Gm and transdermal cream compounded Tramadol 20% 6 Gm, citing CA MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal cream compounded NSAID Flurbiprofen 20% 6gm jar:** Upheld

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

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

**Decision rationale:** Transdermal cream compounded NSAID Flurbiprofen 20% 6gm jar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The documentation does not indicate intolerance to oral medication. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient has spine symptoms. The request does not state what body part this medication is for. The MTUS does not support topical NSAIDs for the spine. For these reasons this request is therefore not medically necessary.

**Transdermal cream compounded Tramadol 20% 6gm jar:** Upheld

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

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

**Decision rationale:** Transdermal cream compounded Tramadol 20% 6gm jar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The documentation does not indicate intolerance to oral medication. The documentation does not indicate a failure of antidepressants and anticonvulsants. This topical compounded cream is therefore not medically necessary.