

<b>Case Number:</b>	CM14-0180923		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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:

This is 43 year old injured worker (IW) who sustained an injury on 12/06/2012 in the course of his work. According to a progress report dated 9/25/14, the patient complained of burning, low back pain radiating to the left leg. He rated his pain as a 7-8/10. The pain was associated with numbness and tingling of the bilateral lower extremities and radiated into the left leg in the bottom of the foot. He stated that his symptoms persisted, but medications offered him temporary relief of pain and improved his ability to have restful sleep. Objective findings: tenderness to palpation at the left sciatic notch, quadratus lumborum with a trigger point noted and at the lumbosacral junction, limited range of motion of lumbar spine, decreased sensation to pin-prick and light touch at the L4, L5, and S1 dermatomes in left lower extremity. Diagnostic impression: history of other intervertebral disc displacement (lumbar region), lumbar radiculopathy, anxiety and mood disorder. Treatment to date: medication management, acupuncture therapy, activity modification. A UR decision dated 10/20/14 non-certified requests for medications: 1.CMPD- menthol c/ camphor c/ versapro/capisaicin/ flurbi 30 day supply, quantity 180 with 0 refills and 2. CMPD Versapro/flurbipro/cyclobenz 30 day supply, quantity 180 with 0 refills. There are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this claimant's clinical scenario.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound, Menthol/ Camphor/ Versapro/Capsaicin/ Flurbiprofen 30 day supply, quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, guidelines do not support the use of the NSAID, flurbiprofen, in a topical formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, there is no documentation that this patient cannot tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Compound, Menthol/ Camphor/ Versapro/Capsaicin/ Flurbiprofen 30 day supply, quantity 180 was not medically necessary.

**Compound, Versapro/Flurbiprofen/Cyclobenzaprine day supply 30, quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, guidelines do not support the use of the NSAID, flurbiprofen, or cyclobenzaprine in a topical formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, there is no documentation that this patient cannot tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Compound, Versapro/Flurbiprofen/Cyclobenzaprine day supply 30, quantity 180 was not medically necessary.