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| <b>Case Number:</b>   | CM14-0211647 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 03/10/2009 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 11/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### 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: Tennessee, Mississippi  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 a 46-year-old male with a 3/10/09 date of injury. According to a progress report dated 12/30/14, the patient presented unchanged. He continued to experience constant severe low back pain, rated 6-7/10, with radiation into the left lower extremity and with associated numbness and tingling sensation, as well as spasms. He also reported psychological complaints, which included stress and insomnia. His current medication regimen included Soma and Ultracet, as well as topical creams, which he reported have been denied by the insurance carrier. Objective findings: paraspinal spasms and tenderness to palpation, limited lumbar range of motion, positive straight leg raise test bilaterally. Diagnostic impression: annular tear at L3-L4 with HNP, HNP and foraminal stenosis at L5-S1, left lower extremity radiculopathy, L3-L4 and L4-L5 disc herniation with stenosis and left lower extremity radiculopathy. Treatment to date: medication management, activity modification, aqua therapy. A UR decision dated 11/25/14 denied the requests for flurbiprofen cream, ketoprofen/ketamine cream, and gabapentin/cyclobenzaprine/capsaicin cream. Topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support its use. There have been no studies of a 0.0375% formulation of capsaicin. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream, 120gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, in the present case, 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 is unable to 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 Flurbiprofen 20% cream, 120gm was not medically necessary.

**Ketoprofen 20%, Ketamine 10%, 120gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, in the present case, guidelines do not support the use of the NSAID, ketoprofen, or ketamine 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 is unable to 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 Ketoprofen 20%, Ketamine 10%, 120gm was not medically necessary.

**Gabapentin 10%, Cyclobenzaprine 10% with 0.375% Capsaicin cream, 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, in the present case, guidelines do not support the use of gabapentin or cyclobenzaprine in a topical formulation. Capsaicin in anything greater than a 0.025% is also not supported for topical use. 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 is unable to 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 Gabapentin 10%, Cyclobenzaprine 10% with 0.375% Capsaicin cream, 120gm: was not medically necessary.