

<b>Case Number:</b>	CM15-0003162		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 8/25/2008. The current diagnoses are lumbar pain, lumbar radiculopathy, and status post lumbar fusion (2010). Currently, the injured worker complains of low back pain that radiates down the lower extremities and is associated with weakness. Treatment to date has included medications, physical therapy, and epidural steroid injections. On 11/3/2014, the injured worker underwent bilateral L4-5 transforaminal epidural steroid injections, with good relief. The treating physician is requesting one (1) container of Cyclobenzaprine 2% and Flurbiprofen 25% 180 gm and one (1) container of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2% 180 gm, which is now under review. On 12/15/2014, Utilization Review had non-certified a request for one (1) container of Cyclobenzaprine 2% and Flurbiprofen 25% 180 gm and one (1) container of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2% 180 gm. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) container of Cyclobenzaprine 2% and Flurbiprofen 25% 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with low back pain that radiates down the lower extremities and is associated with weakness. The request is for ONE CONTAINER OF CYCLOBENZAPRINE 2% AND FLURBIPROFEN 25% 180 GM. There is no RFA or work status provided. The report with the request is not provided either. The patient is diagnosed with lumbar pain, lumbar radiculopathy, and status post lumbar fusion (2010). MTUS has the following regarding topical creams (page 111, chronic pain section), Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS, page 111, states that if one of the compounded topical products is not recommended, then the entire product is not recommended. In this case, cyclobenzaprine is not indicated for use as a topical formulation. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen. The requested compounded medication IS NOT medically necessary.

**One (1) container of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2% 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with low back pain that radiates down the lower extremities and is associated with weakness. The request is for ONE CONTAINER OF CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, AND CAMPHOR 2% 180 GM. There is no RFA or work status provided. The report with the request is not provided either. The patient is diagnosed with lumbar pain, lumbar radiculopathy, and status post lumbar fusion (2010). MTUS has the following regarding topical creams (page 111, chronic pain section), Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is an NSAID indicated for

peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Since Gabapentin is not supported in a topical formulation, the whole compound is not supported. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen and capsaicin. The requested compounded medication IS NOT medically necessary.