

<b>Case Number:</b>	CM15-0018018		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 54 year old female, who sustained an industrial injury on 1/19/2000. On 1/29/15, the injured worker submitted an application for IMR for review of Topical compound - diclfenac 10%/fturbiprofen 10%/gabapentin 10%/ tetracaine 3%/alba derm cream, and Topical compound - ketoprofen 10%/gabapentin 10%/capsaicin 0.05%/menthol 2%/camphor 2%/alba derm. The treating provider has reported the injured worker complained of persistent moderate to severe headaches and persistent frequent episodes of pain associated with muscle spasms about her neck, middle back, low back exacerbated by activities of daily living. Injured worker also complains of GI upset/dyspepsia taking anti-inflammatory medication as directed. The diagnoses have included cervical and lumbar sprain, chronic myofasciitis, lumbar radiculitis, disc disease. Treatment to date has included chiropractic care, physical therapy, multiple epidural steroid injections to neck (4/14/14) and lumbar area and medications, x-rays cervical, thoracic, and lumbar spine (2011), MRI Cervical spine (11/6/13), MRI thoracic spine (4/17/12MRI lumbar (11/6/13). On 1/15/15 Utilization Review non-certified a Topical compound - diclfenac 10%/fturbiprofen 10%/gabapentin 10%/ tetracaine 3%/alba derm cream, and Topical compound - ketoprofen 10%/gabapentin 10%/capsaicin 0.05%/menthol 2%/camphor 2%/alba derm. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound - diclifenac 10%/fturbiprofen 10%/gabapentin 10%/ tetracaine 3%/alba  
derm cream:** Upheld

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

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

**Decision rationale:** The 54 year old patient presents with pain and spasms in neck, mid back, and low back radiating to the right lower extremity along with persistent headaches, as per progress report dated 12/13/14. The request is for TOPICAL COMPOUND DICLOFENAC 10%/FLURBIPROFEN 10%/GABAPENTIN 10%/TETRACAINE 3%/ALBADERM CREAM. There is no RFA for this case, and the patient's date of injury is 01/19/00. The neck and upper back pain is rated at 8/10 and the lower back pain is rated at 7/10, as per progress report dated 12/13/14. The patient also complains of medication-induced gastritis. MRI of the cervical spine, dated 11/06/13, reveals multiple posterior disc protrusions at C3-4, C4-5, C5-6, and C6-7. MRI of the lumbar spine, dated 11/06/13, revealed posterior disc protrusions at L2-3, L3-4, L4-5 and L5-S1. Diagnoses, as per progress report dated 12/13/14, included cervical and lumbosacral sprain/strain with myofascial fasciitis, thoracic myofasciitis, lumbar radiculitis, and intervertebral disc syndrome of cervical and lumbar spine. The patient is permanently partially disabled, as per the same progress report. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The guidelines are silent on topical opioids such as Tramadol. MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A prescription for this topical formulation was first noted in progress report dated 07/26/14, and the patient has been using the medication consistently at least since then. In progress report dated 12/13/14, the treater states that the purpose of this topical cream is to reduce opioid use. The topical formulation, however, contains NSAIDs such as Diclofenac and Flurbiprofen which are only recommended peripheral joint arthritis or tendinitis, as per MTUS. The guidelines do not support the use of Gabapentin in topical form. Lidocaine is not supported in "any other formulation other than topical patches." Additionally, the guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.

**Topical compound - ketoprofen 10%/gabapentin 10%/capsaicin 0.05%/menthol  
2%/camphor 2%/alba derm:** Upheld

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

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

**Decision rationale:** The 54 year old patient presents with pain and spasms in neck, mid back, and low back radiating to the right lower extremity along with persistent headaches, as per progress report dated 12/13/14. The request is for TOPICAL CREAM KETOPROFEN10%/ GABAPENTIN 10%/ CAPSAICIN 10%/ RAPSACIN 0.05%/MENTHOL 2%/ CAMPHOR 2% ALBADERM. There is no RFA for this case, and the patient's date of injury is 01/19/00. The neck and upper back pain is rated at 8/10 and the lower back pain is rated at 7/10, as per progress report dated 12/13/14. The patient also complains of medication-induced gastritis. MRI of the cervical spine, dated 11/06/13, reveals multiple posterior disc protrusions at C3-4, C4-5, C5-6, and C6-7. MRI of the lumbar spine, dated 11/06/13, revealed posterior disc protrusions at L2-3, L3-4, L4-5 and L5-S1. Diagnoses, as per progress report dated 12/13/14, included cervical and lumbosacral sprain/strain with myofascial fasciitis, thoracic myofasciitis, lumbar radiculitis, and intervertebral disc syndrome of cervical and lumbar spine. The patient is permanently partially disabled, as per the same progress report. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The guidelines are silent on topical opioids such as Tramadol. MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A prescription for this topical formulation was first noted in progress report dated 07/26/14, and the patient has been using the medication consistently at least since then. In progress report dated 12/13/14, the treater states that the purpose of this topical cream is to reduce opioid use. The topical formulation, however, contains NSAIDs such as Ketoprofen which are only recommended peripheral joint arthritis or tendinitis, as per MTUS. The guidelines do not support the use of Gabapentin in topical form. Capsaicin is recommended only to patients who have not responded to any other treatment. Additionally, the guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.