

<b>Case Number:</b>	CM15-0114016		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 30 year old female who sustained a work related injury January 19, 2014. While mopping and reaching for a caution wet floor sign, she slipped and fell forward without memory of how she landed. She developed a slight pulling sensation in her left lower back. According to a doctor's first report of occupational injury dated April 1, 2015, the injured worker presented with complaints of constant moderate to severe low back pain radiating occasionally to the left greater than right buttock, associated with tingling and numbness posterior lateral right greater than left thigh to the dorsomedial right greater than left foot. She reports weakness in the bilateral lower extremities with occasional giving way, left greater than right. Diagnoses are cervicothoracic spine sprain rule out left C7-8 radiculopathy; bilateral shoulder sprain; left elbow epicondylitis. Treatment plan included topical medication, TENS (transcutaneous electrical nerve stimulation) unit replacement and a Functional Capacity evaluation. At issue, is the request for authorization for compound topical Flurbiprofen, Capsaicin, Menthol cream and Flurbiprofen cream. The patient had received an unspecified number of the PT, chiropractic and acupuncture visits for this injury. The medication list includes pain and blood pressure medication. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system, patient does not have any complaints of gastrointestinal tract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Flurbiprofen, Capsaicin, Menthol Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

**Decision rationale:** Request: Compound Topical Flurbiprofen, Capsaicin, Menthol Cream. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis...Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Flurbiprofen is NSAID. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments" There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. There is no evidence that menthol is recommended by the CA, MTUS, chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Flurbiprofen, Menthol, Capsaicin are not recommended by MTUS. Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided. The medication Compound Topical Flurbiprofen, Capsaicin, Menthol Cream is not medically necessary in this patient.

**Flurbiprofen Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

**Decision rationale:** Flurbiprofen Cream: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not recommended by MTUS. Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided. The medication Flurbiprofen Cream is not medically necessary in this patient.