

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0119838 |                              |            |
| <b>Date Assigned:</b> | 06/30/2015   | <b>Date of Injury:</b>       | 11/01/2011 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 05/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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: Arizona, 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:

November 15, 2011. The injured worker previously received the following treatments random toxicology studies were positive for Morphine and Oxycodone which were not consistent on April 21, 2015, Omeprazole, Tylenol #3, right ankle MRI, Voltaren, Prilosec, Norco, Flurbiprofen 20% cream, Ketoprofen 20%, Ketamine 10% cream; Gabapentin 10%, Cyclobenzaprine 10% and Capsaicin 0.0375% cream and physical therapy. The injured worker was diagnosed with status post interlaminar laminotomy at L4-L5 on the right, right knee internal derangement with medial and lateral meniscus tear, L4-L5 herniated nucleus pulposus with right lateral foraminal extension, L5-S1 herniated nucleus pulposus, right ankle anterior talofibular scarring, right lower extremity radicular pain and paresthesia, Thoracic spine musculoligamentous sprain and strain and rule out internal derangement, lumbar spine myofascial pain syndrome, sleep disorder, anxiety, depression, thoracic sprain and strain, right shoulder strain and sprain, GERD (gastroesophageal reflux disease), hemorrhoids and bilateral hip strain and sprain. According to progress note of March 9, 2015 the injured worker's chief complaint was moderate to severe low back pain. The injured worker rated the pain at 6-7 out of 10 with radiation to the bilateral lower extremities, right greater than the left. There was associated numbness and tingling sensation as well as weakness. The right shoulder pain was rated at 4-5 out of 10. There was radiation of pain into the right upper extremity with associated numbness and tingling sensation. The injured worker was having right knee pain, rated at 7-8 out of 10 with associated weakness. The physical exam noted decreased range of motion of the lumbar spine. The motor exam note weakness in the right hip flexor and quadriceps motor group

of 4 out of 5. The treatment plan included a prescription for Flurbiprofen 20% cream, Ketoprofen 20%, Ketamine 10% cream and Gabapentin 10%, Cyclobenzaprine 10% and Capsaicin 0.0375% cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounding Medications Page(s): 71.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are 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. Topical Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. The Flurbiprofen was combined with 2 other topical analgesics. One of which was also another NSAID. There is no justification or evidence for multiple topical analgesics along with oral Tylenol #3. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The topical Flurbiprofen is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounding Medications Page(s): 71.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are 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. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. The Flurbiprofen was combined with 2 other topical analgesics. One of which was also another NSAID. There is no justification or evidence for multiple topical analgesics along with oral Tylenol #3. There are diminishing effects after 2 weeks. Topical NSAIDS can

reach systemic levels similar to oral NSAIDS. The topical Ketoprofen is not medically necessary.

**Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounding Medications Page(s): 71.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine topical antiepileptics such as Gabapentin are not recommended due to lack of evidence. Topical Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. The claimant was also placed on 2 other topical analgesics. There is no evidence for the use of multiple topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.