

<b>Case Number:</b>	CM15-0169677		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/07/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina

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 25-year-old male, with a reported date of injury of 05-07-2015. The diagnoses include neck pain, cervical spine sprain and strain, lumbar spine sprain and strain, and thoracic spine sprain and strain. Treatments and evaluation to date have included Oxaprozin, physical therapy, and chiropractic treatment. The diagnostic studies to date have not been included in the medical records. The progress report dated 07-01-2015 indicates that the injured worker complained of pain in the lower back with radicular symptoms into the right and left leg. The pain was aggravated with prolonged sitting, standing, and walking. The injured worker also complained of pain in the upper back and ongoing headaches. On 06-12-2015, the injured worker rated his neck pain 7 out of 10, and his low back pain 8 out of 10. The objective findings include lumbar flexion at 50 degrees, lumbar extension at 20 degrees, bilateral straight leg raise at +75 degrees, tightness and spasm in the thoracic and lumbar paraspinal musculature bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle and L5 and S1 dermatome level bilaterally, weakness with the big toe dorsal flexion and big toe plantar flexion bilaterally, cervical forward flexion at 50 degrees, cervical extension at 50 degrees, cervical rotation to the right at 65 degrees, cervical rotation to the left at 65 degrees, tightness and spasm in the trapezius, sternocleidomastoid, and straps muscles on the right and left, and suboccipital triangle tenderness. The treating physician prescribed LidoKeto cream with Flexeril for local pain relief and a compounded topical medication for local pain relief. The injured worker's work status was noted temporary total disability. The treating physician requested LidoKeto cream with Flexeril 120mg and Flurbiprofen/Capsaicin/Menthol/Camphor 120mg cream. On 08-04-2015, Utilization Review (UR) non-certified the request for LidoKeto cream with Flexeril 120mg and Flurbiprofen/Capsaicin/Menthol/Camphor 120mg cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoKeto cream w/Flexeril 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below: 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (cyclobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

**Compound medication: Flurbiprofen/Capsaicin/Menthol/Camphor 120gm cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below: 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic

receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.