

<b>Case Number:</b>	CM15-0173744		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Emergency Medicine

### 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 52 year old female who sustained an industrial injury on 12-31-2012. Current diagnoses include status post left shoulder arthroscopy with decompression, disc protrusion and annular tear L3-L4, right lower extremity radiculopathy, facet arthropathy at L4-L5 and L5-S1 bilaterally with facet syndrome, right greater than left hip pain with internal derangement, neuropathic pain of the lower extremities, insomnia due to pain, right hip labral tear and internal derangement, anxiety and depression secondary to pain, and gastritis and GERD secondary to medications and EPI. Report dated 07-22-2015 noted that the injured worker presented with complaints that included constant low back pain with associated numbness and tingling, and intermittent bilateral hip pain. Pain level was 4 (back), 0 (right hip), and 1-2 (left hip) out of 10 on a visual analog scale (VAS). Current medication regimen includes Cymbalta, Prilosec, and topical creams. Physical examination performed on 07-22-2015 revealed decreased left shoulder range of motion, decreased lumbar range of motion, positive straight leg raise on the right, Braggard's test, Kemp's test, and Valsalva maneuver are all positive on the right, decreased right hip range of motion, Patrick test and sacroiliac compression test are positive on the right, and decreased muscle strength. Previous treatments included medications and surgical intervention. The treatment plan included recommendation for chiropractic, prescriptions for Cymbalta, Prilosec, and compound creams. The utilization review dated 08-13-2015, non-certified the request for Compound medications Flurbiprofen 20% cream 120gm - Ketoprofen 20% 120gm - Ketamine 10% cream 120gm - Gabapentin 10% - Cyclobenzaprine 10%- Cyclobenzaprine 10% - Capsaicin 0.0375% cream 120gm, applied

2-3 times daily and chiropractic treatment 3 times a week for 6 weeks of the lumbar spine.

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

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

**Compound medication: Flurbiprofen 20% cream 120gm / Ketoprofen 20% 120gm / Ketamine 10% cream 120gm / Gabapentin 10% / Cyclobenzaprine 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% cream 120gm, applied 2-3 times daily: 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:** As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: This is an NSAID that is FDA approved for oral use only. It is not FDA approved for topical use. There is no data to support safety and efficacy in using this medication topically. There is no justification in using a non-FDA approved substance topically when there are multiple approved medications available. This is also related to ketoprofen, which is also in this compound. In combination, there is a very high risk of toxicity. 2) Ketoprofen: See Flurbiprofen. This is an NSAID that is not FDA approved for topical use. Being used with flurbiprofen increases risk of toxicity. 3) Ketamine: This is an associative hypnotic. It is a schedule 3 controlled drug. It is not FDA approved for topical use. There is no data to support the use of ketamine topically for from a safety and efficacy perspective. Not medically necessary. 4) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 5) Cyclobenzaprine: Not FDA approved for topical use. As per MTUS, it is not recommended. There is no evidence for efficacy as a topical product. 6) Capsaicin: May have been used in muscular pain only after failure of 1st line medication. There is no documentation of failure. Not recommended. Not a single component of this compounded item is recommended. This compounded substance request has a high risk for toxicity, uses multiple drugs inappropriate and may be dangerous. This compounded substance is not medically necessary.

**Chiropractic treatment 3 times a week for 6 weeks of the lumbar spine: 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): Manual therapy & manipulation.

**Decision rationale:** As per MTUS chronic pain guidelines, manual therapy such as chiropractic may provide some benefit for low back pain. Recommendation is a trial of up to 6 sessions with

requirement of documentation of improvement before any additional sessions are recommended. This request exceeds initial trial number and is not medically necessary.