

<b>Case Number:</b>	CM15-0026957		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 year old male, who sustained an industrial injury on 11/7/07. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine discopathy with disc displacement; lumbar radiculopathy; status post microdiscectomy. Treatment to date has included status post lumbar microdiscectomy surgery; medications. Currently, the PR-2 notes dated 12/23/14 indicated the injured worker continues for complaints of persistent low back pain radiating down into the right foot. The right foot has numbness and tingling as well as right foot drop that never recovered since the date of injury. He also complains of depression due to the limitation of his injury. He is currently taking Norco and using Cyclobenzaprine 10%/ Tramadol 10% Topical Cream. Examination of the lumbar spine reveals a well-healed incision. There is tenderness to palpation over the lumbar paraspinal musculature. There is decreased range of motion secondary to pain and stiffness. There is positive straight leg raise in the right lower extremity at 20 degrees in supine position. There is positive right foot drop. The neurological examination notes motor strength significant for 0/5 strength in the right foot; right tibialis and anterior muscle groups. He has 4+/5 strength in the right gastrocnemius muscles. The remainder motor strength is 5/5 with normal bulk and tone. Sensory examination is diminished to light touch and pinprick in the right L5 dermatome distribution. There is absent right Achilles reflex and the remaining reflexes are 1+ throughout. Both toes are down going. The provider is requesting authorization of a Urine toxicology; Cyclobenzaprine 10%/ Tramadol 10% Topical Cream; Norco 10/325mg, Qty. 120 and 30gm and 120gm Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% Topical Cream; 15gm and 60gm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**30gm and 120gm Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% Topical Cream; 15gm and 60gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section NSAIDs Section Topical Analgesics section Page(s): 28, 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines or the ODG does not address menthol, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. As at least one of the compounded drugs is not recommended by the guidelines, the request for 30gm and 120gm Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% Topical Cream; 15gm and 60gm is determined to not be medically necessary.

**Cyclobenzaprine 10%/ Tramadol 10% Topical Cream; Norco 10/325mg, Qty. 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Opioids for Neuropathic Pain Section and Opioids, Specific Drug List Section Weaning of Medications Section Page(s): 82, 83, 93, 94, 111-113, 125.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. As one of the drugs in the compounded mixture is not recommended by the guidelines, the request for Cyclobenzaprine 10%/ Tramadol 10% Topical Cream is determined to not be medically necessary. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg, Qty. 120 is determined to not be medically necessary.

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker's request for Norco has not been supported; therefore, there is no necessity for a urine drug screen. The request for urine toxicology is determined to not be medically necessary.