

<b>Case Number:</b>	CM15-0074755		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/02/2006
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 56-year-old male, who sustained an industrial/work injury on 6/2/06. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc herniation syndrome, sciatica, L3-4, L4-5, L5-S1 degeneration disc disease, toxic exposure, anxiety, and depression. Treatment to date included medications. Currently, the injured worker complains of low back pain with radiating pain to the lower extremities. A cane is used for ambulation. There is pain with motion. Per the primary physician's progress report (PR-2) on 2/13/15, examination revealed a camptocormic gait with inability for toe and heel walk, posture is hunched over, there is tingling and numbness in both lower extremities with full atrophy. Stress of the sacroiliac region does produce pain, painful hip mobility, dorsiflexor and plantar flexion weakness, decreased sensation in the lower extremities below the knee. The requested treatments include Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% 120gm as neuropathic cream and Flurbiprofen 12%, Baclofen 2%, Gabapentin 6%, Lidocaine 4% 120gm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% 120gm as neuropathic cream, unspecified quantity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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." Gabapentin/Pregabalin (not recommended). MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Cyclobenzaprine or muscle relaxants (not recommended). MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Ketoprofen (not recommended). Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions." Menthol: ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Capsaicin (Recommended after Failure of 1st Line). MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." This compounded medication contains multiple substances that are not recommended. As such, the request for Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, 120gm is not medically necessary.

**Flurbiprofen 12%, Baclofen 2%, Gabapentin 6%, Lidocaine 4% 120gm cream, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of anti-

depressants or anti-convulsants. MTUS states, "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." Flurbiprofen (not recommended). MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Baclofen (not recommended). MTUS states that topical Baclofen is "Not recommended. Gabapentin/Pregabalin (not recommended). MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Lidocaine (recommended after failure of 1st line). ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. This compounded medication contains multiple substances that are not recommended. As such, the request for Flurbiprofen 12%, Baclofen 2%, Gabapentin 6%, Lidocaine 4%, 120gm cream, unspecified quantity is not medically necessary.