

<b>Case Number:</b>	CM15-0076931		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	09/29/2004
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male who sustained an industrial injury on September 29, 2014. He has reported pain to the low back and has been diagnosed with lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Treatment has included medications. Currently the injured worker had tenderness to palpation in the lumbar paraspinal musculature with decreased range of motion secondary to pain. The treatment request included topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Cream: Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% quantity 15gm:** 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 and Salicylate topical Page(s): 111-113 and 105.

**Decision rationale:** Topical Compound Cream: Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% quantity 15gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The documentation indicates that the patient has back pain and topical NSAIDs are not indicated for the spine. The MTUS does not support Capsaicin in a 0.0375% formulation and there is no evidence that the patient is intolerant to other treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the documentation does not indicate inability to take oral medications. For all of these reasons the request for this topical analgesic is not medically necessary.

**Topical Compound Cream: Flurbiprofen 25%, Methol 10%, Camphor 3%, Capsaicin 0.0375%, quantity 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 analgesics and Salicylate topical Page(s): 111-113 and 105.

**Decision rationale:** Topical Compound Cream: Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% quantity 60 gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The documentation indicates that the patient has back pain and topical NSAIDs are not indicated for the spine. The MTUS does not support Capsaicin in a 0.0375% formulation and there is no evidence that the patient is intolerant to other treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the documentation does not indicate inability to take oral medications. For all of these reasons the request for this topical analgesic is not medically necessary.

**Topical Compound Cream: Cyclobenzaprine 10%, Tramadol 10%, quantity 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 analgesics Page(s): 111-113.

**Decision rationale:** Topical Compound Cream: Cyclobenzaprine 10%, Tramadol 10%, quantity 60gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines do not support topical Tramadol. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Cyclobenzaprine is not recommended for topical use therefore, the request for the entire topical compound is not medically necessary. Furthermore, the documentation does not indicate inability to take oral medications or other extenuating circumstances which would require this topical compound cream. For all of these reasons the request for this topical analgesic is not medically necessary.