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| <b>Case Number:</b>   | CM14-0150730 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 06/04/2011 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 08/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female who reported an injury on 06/04/2011, due to lifting a heavy tray of glasses filled with water, they started to fall and she twisted her low back. Diagnoses were low back pain and mild radiculopathy. A physical examination on 04/17/2014 revealed complaints of back and leg pain that went into both hips, the left greater than the right. Past treatments were aquatic therapy, acupuncture and epidural injections with no relief. The injured worker does not take any medications. The pain was reported to be an 8/10. Examination revealed for the neurologic exam positive for numbness, weakness and difficulty walking. Recent x-rays of the lumbar spine revealed minimal degeneration of the disc space. There was no scoliosis. There was no spondylolisthesis or instability. There was no pars fracture. The injured worker had an EMG dated 04/30/2012, which demonstrated mild radiculopathy of the L5. MRI scan dated 09/06/2012 was normal. The injured worker was told that she was not a surgical candidate. Treatment plan was to transfer care of the injured worker to a long term pain management facility. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tramadol/Gabapentin/Menthol/Caphor/Capsaicin (DOS: 06/05/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, TramadolCapsaicinTopical Salicylates Page(s): 111, 82, 28, 105. Decision based on Non-MTUS Citation FDA.gov

**Decision rationale:** The decision for retrospective request of tramadol/gabapentin/menthol/camphor/capsaicin (DOS 06/05/2014) is not medically necessary. The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. A thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical guidelines recommend topical salicylates. The medical guidelines do not support the use of compounded topical analgesics. Gabapentin is not recommended for use as a topical analgesic. Tramadol is not approved to be used as a topical analgesic. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

**Retrospective request for Flurbiprofen/Cyclobenzaprine (DOS: 06/05/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsFlurbiprofenCyclobenzaprine Page(s): 111, 72, 41.

**Decision rationale:** The decision for retrospective request for Flurbiprofen/cyclobenzaprine is not medically necessary. The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. The FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The medical guidelines do not support the use of compounded topical analgesics. The medical guidelines do not support the use of topical

Flurbiprofen or topical cyclobenzaprine. There were no other significant factors provided to justify the use outside current guidelines. Therefore, this request is not medically necessary.