

<b>Case Number:</b>	CM13-0032445		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 CM13-0006816 and is licensed to practice in California. 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 patient is a 57 year old male who was injured on 05/05/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy and acupuncture. The patient's medications as of 08/07/2013 include Voltaren XR 1 tab OD, and Lyrica 50 mg 1 tab OD. Robaxin 750 mg 1 tab daily which he reported gives him no relief, and Naproxen 550 mg has been discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL CREAM: GABAPENTIN 10% / CYCLOBENZAPRINE 10% / CAPSAICIN 0.0375 % / FLURBIPROFEN 20% GEL / KETOPROFEN 20% / KETAMINE 10% GEL:**  
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 rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use. It is "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally

to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate." It further 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. The requested topical cream contains gabapentin (guides state it is not recommended. There is no peer reviewed literature to support use), Cyclobenzaprine (guides state there is no evidence for use of any other muscle relaxant as a topical product), Capsaicin 0.0375% (guides state 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), Flurbiprofen (guides state the indications for use are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use), Ketoprofen (guides state it is not currently FDA approved for a topical application), and Ketamine (guides state it is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted). Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia). The records are not clear on the areas for use of the topical cream; the patient has diagnoses relating to the knee, lumbar, bilateral lower extremities, bilateral Achilles tendonitis, bilateral shoulder tendonitis and cervical herniated discs. The requested topical cream is not indicated as it contains more than one drug class that is not recommended under the guides. The request for Topical Cream: Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375 % / Flurbiprofen 20% Gel / Ketoprofen 20% / Ketamine 10% Gel are not medically necessary and appropriate.