

<b>Case Number:</b>	CM14-0144509		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Occupational Medicine, 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:

According to the records made available for review, this is a 53-year-old male with a 7/1/12 date of injury. At the time (7/17/14) of the request for authorization for Gabapentin10%, Cyclobenzaprine 1%, Lidocaine5% #180gm and Capsaicin 0.037%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% #180gm, there is documentation of subjective (pain, the rest is illegible due to handwritten note) and objective (cervical spine tender, decreased C5-6 sensation, right shoulder positive impingement, lumbar spine positive straight leg raise, decreased L5 sensation) findings, current diagnoses (cervical spine discopathy, right shoulder impingement syndrome, radiculitis, bilateral carpal tunnel syndrome, right upper extremity radiculitis, right shoulder calcific tendonitis, status post cervical fusion, and lower extremity radiculitis), and treatment to date (medication).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin10%, Cyclobenzaprine 1%, Lidocaine5% #180gm:** 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 Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, right shoulder impingement syndrome, radiculitis, bilateral carpal tunnel syndrome, right upper extremity radiculitis, right shoulder calcific tendonitis, status post cervical fusion, and lower extremity radiculitis. However, the requested Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% #180gm contains at least one drug (Gabapentin, Cyclobenzaprine, and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% #180gm is not medically necessary.

**Capsaicin 0.037%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% #180gm:**  
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 Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, right shoulder impingement syndrome, radiculitis, bilateral carpal tunnel syndrome, right upper extremity radiculitis, right shoulder calcific tendonitis, status post cervical fusion, and lower extremity radiculitis. However, the requested Capsaicin 0.037%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% #180gm contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 0.037%, Flurbiprofen 5%, Tramadol 6.5%, and Menthol 2%, Camphor 2% #180 gm is not medically necessary.