

Case Number:	CM14-0151317		
Date Assigned:	09/19/2014	Date of Injury:	04/23/2013
Decision Date:	10/23/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	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 & Rehabilitation 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 injured worker is a 38-year-old male with a reported date of injury on 08/15/2012. The mechanism of injury was not noted in the records. The injured worker's diagnoses included cervical spine sprain/strain, cervical radiculopathy, thoracic spine herniated nucleus pulposus, low back pain, lumbar spine sprain/strain. The injured worker's past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging noted in the records. There was no relevant surgical history documented in the notes. The subjective complaints on 07/27/2014 included sharp radicular lower back pain with muscle spasms. The patient rates his pain 9/10. The objective physical exam findings noted decreased range of motion to the cervical spine. The exam also noted decreased range of motion to the thoracic spine. The exam also noted decreased range of motion to the lumbar spine. The injured worker's medications included Dicopanor, Deprazine, Fanatrex, Synapryn, and Toradol. The treatment plan was to continue and refill medications. A request was received for capsaicin/flurbiprofen/gabapentin/menthol/camphor 0.25/15/10/2/2% 130 gm. The rationale for the request was to decrease pain and decrease inflammation. The request for authorization form was dated 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPSICIN/FLURIBROFEN/GABAPENTIN/MENTHOL/CAMPHOR 0.25/15/10/2/2%.
130GM:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least drug or drug class that is not recommended is not recommended. In regard to gabapentin, it is not recommended for topical use as there is no peer reviewed literature to support its use. In regard to capsaicin, the guidelines state that it is only recommended as an option if the injured worker has not responded or is intolerant to other treatments. In regard to flurbiprofen, the guidelines state that topical NSAIDs are recommended for osteoarthritis and tendonitis. There is a lack of documentation in the notes that the patient has osteoarthritis or tendonitis. Given the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

CYCLOBENZAPRINE/GABAPENTIN/AMITRIPTYLINE 2/15/10%, 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. As the proposed compound contains a topical muscle relaxant the request is supported by the guidelines. As such, the request is not medically necessary.