

<b>Case Number:</b>	CM14-0165204		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Pain Management, and is licensed to practice in New York. 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 52 year old female with a date of injury on 7/28/2014. She sustained cumulative trauma injuries that included carpal tunnel syndrome and wrist sprains. She noted numbness and tingling in both hands. Her treating physician is requesting a topical analgesic compound medication consisting of capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%, 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication - Capsaicin 0.025%, Flubiprofen 15%, Gabapentin 10%, menthol 2%, Camphor 2%, 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical analgesics, compounded

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that topical analgesic compound creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Chronic Pain Medical Treatment Guidelines further states that

there is little to no research to support the use of many of these agents. In addition, the Official Disability Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, and gabapentin is not recommended by the Official Disability Guidelines. Therefore, the requested topical analgesic compound medication consisting of capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%, 180 grams would not be considered medically necessary in this case.