

<b>Case Number:</b>	CM14-0178564		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 38-year-old male with a 2/26/14 date of injury. At the time (10/14/14) of the Decision for Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm, there is documentation of subjective (neck pain radiating to upper back, right shoulder, and right arm) and objective (tenderness over the paracervical muscles, trapezius, deltoid, and rhomboids with spasm, positive axial compression test, and decreased range of motion with pain) findings, imaging current diagnoses (intractable cervical pain with radiculopathy), and treatment to date (medications, physical therapy, acupuncture, and chiropractic therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Compounding Medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain 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 a diagnosis of intractable cervical pain with radiculopathy. However, Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, amitriptyline 10% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Compounding Medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain 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 a diagnosis of intractable cervical pain with radiculopathy. However, Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm contains at least one drug (Gabapentin) in one drug class (muscle relaxants (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm is not medically necessary.