

Case Number:	CM14-0179408		
Date Assigned:	11/03/2014	Date of Injury:	09/14/2004
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Medicine and is licensed to practice in Florida. 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 an 86-year-old Female who sustained a work related injury on 9/14/2004. The mechanism of injury is described as a "slip and fall." She has been diagnosed with chronic pain in her neck, back, arms and knees. She has also been diagnosed with chronic fatigue and frequent anxiety and depression. A 1/2014 Cervical spine X-ray only showed moderate disc space narrowing at C4-C6. A thoracic spine x-ray performed at this same time was unremarkable, and a lumbar spine x-ray showed a question of fused SI joints and a grade I degenerative slip of L4 on L5. A Lumbar spine MRI was performed on July 22nd 2014 and showed L2-L3 small diffuse disc bulge. No surgical interventions have been performed. Conservative management has been recommended. She has had treatment with electrical stimulation, psychotherapy, medications, chiropractor therapy, and acupuncture. She has also had Botox injections of the cervical spine with benefit. A utilization review physician did not certify the request for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Mentho 2%/Camphor 2% - 180gm and Cyclobenzaprine 2%/Flurbiprofen 25% - 180gm. Likewise, an independent medical review was requested to determine the medical necessity of the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Mentho 2%/Camphor 2% - 180gm
DOS: 9/23/14: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, this request for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Mentho 2%/Camphor 2% - 180gm is not medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25% - 180gm DOS: 09/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Then the guideline states, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." This requested topical analgesic contains cyclobenzaprine, which is a muscle relaxant and which is not recommended by the MTUS guidelines. Likewise, this request for Cyclobenzaprine 2%/Flurbiprofen 25% - 180gm is not medically necessary.