

Case Number:	CM14-0034235		
Date Assigned:	06/20/2014	Date of Injury:	12/27/2005
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Pain 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 injured worker is a 51-year-old female who reported an injury on 12/27/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 01/29/2014 indicated that the injured worker reported constant neck pain that radiated into the bilateral upper extremities, left greater than right, with numbness and tingling sensation. The injured worker also reported constant mid back pain. She rated her pain 7/10. The injured worker also reported constant low back pain rated 7- 8/10 that radiated into the bilateral lower extremities associated with numbness and tingling sensation. On physical examination of the cervical spine, the Spurling's and Hoffmann's tests were positive on the left. The cervical compression test was positive bilaterally. Sensory examination of the upper extremities revealed diminished sensation over the left C6 and C7 dermatomes. The injured worker's deep tendon reflexes were 1+ at the left brachioradialis and triceps. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included flurbiprofen, ketoprofen, and gabapentin/cyclobenzaprine/capsaicin. The provider submitted request for flurbiprofen, ketoprofen, and gabapentin/cyclobenzaprine/capsaicin. A request for authorization dated 01/29/2014 was submitted for topical cream medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: GABAPENTIN 10%/CYCLOBENZAPRINE 10%/0.375%/CAPSAICIN
120 GRAMS:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The Chronic Pain Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. The guidelines state that Gabapentin is not recommended and there is no peer-reviewed literature to support its use. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There was lack of documentation to indicate other antidepressants or anticonvulsants had failed. In addition, there was lack of documentation of efficacy and functional improvement. Furthermore, gabapentin is not recommended. Additionally, capsaicin is recommended at 0.025% formulation. The formulation of 0.375% exceeds the guideline recommendations. In addition, capsaicin is for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The documentation submitted did not indicate that the injured worker had findings that would support that she was at risk for postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain. Moreover, the provider did not indicate a frequency or quantity for the medication. Therefore, the request for gabapentin/cyclobenzaprine/capsaicin is not medically necessary.