

<b>Case Number:</b>	CM14-0040856		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Practice 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:

47 yr. old male claimant sustained a work related injury on 10/19/2000 involving the neck and shoulders. He had a diagnosis cervicalgia, brachial neuritis, cervical disc displacement with myelopathy and degeneration. He underwent an anterior cervical discectomy with fusion. A progress note on 2/19/14 indicated the claimant had continued cervical spine tenderness and a positive axial loading compression test with dyesthesias in C6-C7. The treating physician recommended continuing opioids and muscle relaxants. A subsequent request was made for topical Flurbiprofen/capsaic (patch) 10% 0.025% cream and Gab/Lid/Aleo/Cap/Men/Cam (patch) 10% 2% 0.5% 0.25% 10% 5% GEL

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/capsaic (patch) 10% 0.025% cream quantity:120.:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials

to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. In this case, topical NSAID is not medically necessary for the claimant's diagnosis and condition. Therefore a compound containing an NSAID (Flurbiprofen) as above is not medically necessary.

**Gab/Lid/Aleo/Cap/Men/Cam (patch) 10% 2% 0.5% 0.25% 10% 5%GEL QUANTITY**  
**120:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The product contains Gabapentin which is not recommended. There is no peer-reviewed literature to support use. Therefore, the compounded topical medication above is not medically necessary.