

<b>Case Number:</b>	CM14-0057674		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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:

The injured worker is a 58-year-old male who reported an injury 07/10/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 03/24/2014 indicated diagnoses of mild ligamentous sprain/strain of the cervical spine, rule out stenosis or protrusion at C5-6, myoligamentous sprain/strain of the right shoulder, mild ligamentous sprain/strain of the lumbosacral spine superimposed on degenerative changes at L5-S1, contusion and sprain of the right hip, C4-5, C5-6, and C6-7 herniated nucleus pulposus with bilateral upper extremity radicular pain and paresthesia. The injured worker reported worsening cervical spine pain and constant severe neck pain rated 8/10 that radiated to the bilateral upper extremities associated with numbness and tingling as well as weakness. He also reported intermittent slight right shoulder and right wrist/hand pain rated 1/10 and frequent moderate right hip pain rated 5/10 with radiation down to the thigh and groin area. The injured worker reported he currently utilized topical creams. The injured worker reported he was also doing his home exercise program and was status post cervical epidural steroid injection dated 01/14/2014 which provided him 80% relief for 6 to 8 weeks following the injection treatment. On physical examination of the cervical spine, range of motion was decreased with a positive Spurling's test bilaterally and a positive Hoffmann's test on the left. There were sensory deficits over the bilateral C5 dermatomes. The injured worker's motor examination revealed weakness of the bilateral deltoid muscle group of 4/5 with hyperreflexia in the biceps tendon reflex at 3+ bilaterally. The injured worker's treatment plan included return to clinic for a followup evaluation. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included a topical compound. The provider submitted a request for a topical compound. A request for authorization was not submitted for review to include the date the treatment was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy compound cream: Gabapentin 10%, Cyclobenzaprine 10%, Capsaisin 0.0375% 120 gm:** 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:** The request for Pharmacy compound cream: Gabapentin 10%, Cyclobenzaprine 10%, Capsaisin 0.0375% 120 gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, gabapentin is not recommended. There is no peer reviewed literature to support its use as a topical agent. Furthermore, guidelines do not recommend topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any muscle relaxants as a topical product. Additionally, Capsaicin is recommended for injured workers who have not responded to or are intolerant to other treatments. The documentation submitted did not indicate the injured worker was intolerant to other treatments. Furthermore, Capsaicin generally comes in the formulation of 0.025%. The formulation of 0.0375% exceeds the guideline recommendations. Also, there was lack of documentation of efficacy and functional improvement with the use of this medication. Lastly, the request does not indicate a frequency or quantity. Therefore, the request is not medically necessary.