

<b>Case Number:</b>	CM14-0083549		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 33 year-old male who was reportedly injured on 2/1/2011. The mechanism of injury is not listed. The most recent progress note dated 4/29/2014. Indicates that there are ongoing complaints of cervical spine, right shoulder and low back pain. The physical examination is handwritten and states positive tenderness at the cervical spine, lumbar spine and right shoulder and wrist. Positive straight leg raise, positive Tinnel's at the elbow, positive Tinnel's and Phalen's wrist. Decreased range of motion. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for flurbiprofen 10%, capsaicin .025%, gabapentin 10%, lidocaine 2%, capsaicin 0.025%, menthol 10%, camphor 5% patch, # 30 x 2 refill and was not certified in the pre-authorization process on 5/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%, Capsaicin .025%, x 2 refill.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation-Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

**Gabapentin 10%, Lidocaine 2%, Capsaicin 0.025%, Menthol 10%, Camphor 5% patch, #30 x 2 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' comp-Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): 111-113 of 127.

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