

<b>Case Number:</b>	CM14-0090760		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational 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:

According to the records made available for review, this is a 63-year-old female with a 4/5/10 date of injury. There is documentation of subjective (neck pain and left wrist pain) and objective (not specified) findings. The current diagnoses include left shoulder tendinitis and status post external fixation of the left wrist on 4/10/10. Treatment to date includes wrist surgery and medications Tramadol and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin/Menthol/Cyclobenz/Camphor/Gabapentin/Tramadol/Lipoderm base cream  
DOS 3/20/14: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended

for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended for use. The requested compounded medication contains at least one drug (Gabapentin) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Flurbiprofen/cyclobenzaprine/lidocaine/lipoderm, DOS 3/20/14:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended for use. The requested compounded medication contains at least one drug (Lidocaine) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.