

<b>Case Number:</b>	CM14-0188354		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 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 patient is a 42-year-old male who sustained a work related injury on 10/03/2013. The mechanism of injury is described as "being struck on the head by a metal wall." Head, neck, back, and right shoulder injury claims were accepted by the insurance carrier in relationship to this work related accident. Following the accident, he had a negative Head CT and negative x-rays of the cervical spine and right shoulder. He then underwent an MRI of the right shoulder on 12/7/2013, which was positive for partial thickness tear of the supraspinatus tendon. He was given a diagnosis of right shoulder derangement. A MRI of the cervical spine showed some minor disc bulges. An MRI of the Lumbar spine showed L3-L4 1-2mm disc bulge with mild central canal spinal stenosis and mild bilateral neural foraminal narrowing. An EMG/NCS of the upper extremities was performed and found to reveal prolonged right median and ulnar nerve parameters, findings consistent with polyneuropathies. An EMG/NCS of the lower extremities was performed and found to reveal a left sided motor neuropathic process. He was treated with NSAIDS, muscle relaxants, compounded analgesics, and physical therapy. A right shoulder injection is planned. A recent physical exam performed on 8/19/2014 showed a positive Hawkins, Neer, and Jobes sign. Decreased range of motion was noted in the right shoulder. Regarding, work status/disability status, the patient was recommended to remain off work until December 31st 2014. A utilization review physician did not certify a request for Capsaicin 0.025%, Flubriprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% and Cyclobenzaprine 2%, Flurbiprofen 25%. Likewise, an Independent Medical Review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%  
180grams QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Flurbiprofen, which is an NSAID (Non-steroidal Anti-inflammatory.) MTUS guidelines specifically state regarding topical "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Also, the requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, the requested medication is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% QTY:1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Flurbiprofen, which is an NSAID (Non-steroidal Anti-inflammatory.) MTUS guidelines specifically state regarding topical "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Also, the requested medication contains a topical muscle relaxant. There is no evidence for use

of any muscle relaxant as a topical product." This requested topical analgesic contains Cyclobenzaprine, which is a muscle relaxant and which is not recommended by the MTUS guidelines. Likewise, the requested medication is not medically necessary.