

<b>Case Number:</b>	CM14-0189013		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/08/2014
<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 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:

37 yr. old male claimant sustained a work injury on 1/16/14 involving the low back. He was diagnosed with lumbar radiculopathy. A progress note on 10/14/14 indicated the claimant had 9/10 pain . Exam findings were notable for tenderness and limited painful range of motion of the lumbar spine. Sensation was decreased in the L4-S1 region. He had undergone physical therapy and use prior topical analgesics. The treating physician prescribed topical Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm and Cyclobenzaprine 2%, Flurbiprofen 25% 180gm for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Prescription Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, NSAIDs and Menthol Camphor.

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

**Decision rationale:** Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or

safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical Gabapentin is not recommended due to lack of clinical evidence to support its use. Since the above compound contains Gabapentin, the topical compound is not medically necessary.

**One Prescription Cyclobenzaprine 2%, Flurbiprofen 25% 180gm:** Upheld

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

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

**Decision rationale:** Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of clinical evidence to support their use. Since the above compound contains Cyclobenzaprine, the topical compound is not medically necessary.