

<b>Case Number:</b>	CM14-0190638		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 12/05/2011. He has reported injury to the neck and left knee. The diagnoses have included cervical sprain and strain; cervical radiculopathy; left knee lateral condylar numbness. Treatment to date has included medications, diagnostic studies, acupuncture, and physical therapy. Medications have included Ibuprofen, Synapryn, Omeprazole, and compounded topical creams. A report from the qualified medical evaluator, dated 10/20/2014, documented an evaluation with the injured worker, which occurred on 09/11/2014. Currently, the injured worker complains of intermittent neck and upper back pain; light and constant bilateral elbow/wrist pain; constant left knee numbness; and daily low back pain. Objective findings included tenderness to palpation at C7, C7/T1, the right sacroiliac joint, and the bilateral lateral epicondyles; and decreased lumbar spine range of motion. The current request is for Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm; and for Cream: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% - 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 2%, FLURBIPROFEN 25% - 180GM:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Topical muscle relaxants such as Cyclobenzaprine are recommended due to lack of evidence. In addition, the claimant had been prescribed multiple topical analgesics in combination with oral analgesics for several months. Since the compound above contains Cyclobenzaprine, the compound in question is not medically necessary.

**CREAM - CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% - 180GM:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Topical muscle relaxants such as Gabapentin are recommended due to lack of evidence. In addition, the claimant had been prescribed multiple topical analgesics in combination with oral analgesics for several months. Since the compound above contains Gabapentin, the compound in question is not medically necessary.