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| <b>Case Number:</b>   | CM14-0197665 |                              |            |
| <b>Date Assigned:</b> | 12/05/2014   | <b>Date of Injury:</b>       | 02/20/2013 |
| <b>Decision Date:</b> | 02/11/2015   | <b>UR Denial Date:</b>       | 11/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 38 year old patient with date of injury of 03/07/2013. Medical records indicate the patient is undergoing treatment for cervical and lumbar radiculopathy, GERD, low back pain, bilateral knee pain, anxiety, mood and sleep disorders. Subjective complaints include burning, radicular neck pain and muscle spasms, greater on the left, pain described as constant and moderate to severe, pain rated 5/10; burning left shoulder pain rated 4-5/10, described as constant and moderate to severe; lumbar spine pain radiating into the coccyx and bilateral legs, rated 4-5/10 and described as constant and moderate to severe; burning bilateral knee pain rated 5/10 and described as constant and moderate to severe, anxiety, insomnia and depression. Objective findings include tenderness to palpation of both lateral aspects of occiput, trapezius, splenius, scalene and sternocleidomastoid muscles; cervical range of motion (ROM) flexion 40 degrees, extension 45, left rotation 60, right rotation 65, left lateral flexion 20 and right lateral flexion 30; cervical compression and distraction tests positive bilaterally; tenderness to palpation at trapezius and levator scapula muscle of left shoulder with trigger points noted on left side, left shoulder range of motion - flexion 164, abduction 145, external rotation 60 and internal rotation 45 and Neer's impingement sign is positive. Lumbar spine range of motion - flexion to proximal tibia, extension 10 degrees, left and right lateral flexion 15, left and right rotation 20 and straight leg raise positive bilaterally. An MRI of the cervical spine dated 11/08/2014 revealed disc desiccation at C2-C3 down to C5-C6, straightening of normal cervical lordosis which may reflect an element of myospasm, C3-C4 focal central disc herniation which causes stenosis of the spinal canal, C4-C5 focal central disc herniation which causes stenosis of the spinal canal, C5-C6 focal central disc herniation which causes stenosis of the spinal canal. MRI of lumbar spine dated 11/08/2014 revealed straightening of the lumbar lordotic curvature with limited range of motion in the flexion and extension positions may reflect an element of myospasm, dextroconvex scoliosis

of the lumbar spine, disc desiccation at L4-L5 and L5-S1 with decreased disc height at L5-S1, Schmorl's node at L5, L3-L4 focal central disc herniation indenting on the thecal sac with concurrent facet degenerative exchange causing stenosis of spinal canal, L4-L5 broad-based disc herniation indentation on the thecal sac with concurrent facet degenerative change causing narrowing of the bilateral neural foramen, L5-S1 focal central disc protrusion indenting on the thecal sac with concurrent facet degenerative change causing stenosis of the spinal canal. Treatment has consisted of surgical intervention, acupuncture, use of cane. The utilization review determination was rendered on 11/05/2014 recommending non-certification of Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm and Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm:** Upheld

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

**MAXIMUS 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) Pain, Compound creams

**Decision rationale:** MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm is not medically necessary.

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

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

**MAXIMUS 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) Pain, Compound creams

**Decision rationale:** MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm is not medically necessary.