

<b>Case Number:</b>	CM14-0201148		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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:

The injured worker's original date of injury was December 6, 2012. The industrial diagnoses include chronic knee pain, meniscal tear, lumbar intervertebral disc disease, chondromalacia, lumbar neuritis, and lumbar sprain. The disputed issue is a request for a topical compounded cream. This topical cream consisted of capsaicin, Flurbiprofen, gabapentin, menthol, and camphor. A utilization review determination on November 13, 2014 had non certified this request. The reasons for the denial included the lack of documentation that the claimant has been intolerant to other treatments, the lack of peer-reviewed literature to support the use of gabapentin, and the use of capsaicin only in those not responded to or are intolerant of other treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin .25 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Gram: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127.

**Decision rationale:** On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical gabapentin is recommended as not medically necessary. The Chronic Pain Medical Treatment Guidelines further specify that if one drug or drug class of a compounded formulation is not recommended, then the entire formulation is not recommended. Therefore, this entire compounded formulation is not medically necessary.

**Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent x 180 Gram:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines specifies for topical compounded agents that if one drug or drug class of a compounded formulation is not recommended, then the entire formulation is not recommended. Regarding the request for the topical cyclobenzaprine component, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Given these guidelines, this request is not medically necessary.