

<b>Case Number:</b>	CM14-0201773		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/17/2014
<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 and Rehabilitation, has a subspecialty in Interventional spine 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:

This is a 53 year-old female with a 5/13/2010 date of injury. There is only one medical report provided for this review, and it is for a cumulative trauma injury:2006-9/4/2012. According to the orthopedic follow-up report dated 8/19/14, patient presents with 8-9/10 pain in the low back and both hands. The diagnoses include: bilateral wrist sprain; r/o bilateral carpal tunnel syndrome; lumbar disc displacement; spondylolisthesis grade 1 at L4; r/o lumbar radiculopathy; bilateral foot sprain; mood disorder; anxiety; stress; hypertension; and diabetes type 2. The treatment plan is for psychological referral; PT; acupuncture; 3x6; referral to pain management; sleep study; shockwave therapy x6 for each affected body part; and for Terocin patches. Utilization Review apparently had access to a medical report dated 10/17/14 that was not provided for this review. On 11/17/14, Utilization review denied a couple of compound topical medications consisting of (1) CAPSAICIN 0.025%. F;IRBO[RPFEN 15%, GABAPENTEN 10%, MENTHOL 2%, CAMPHOR 2% 180GMS and (2) CYCLOBENZAPRINE 2%, FLURBIPROFEN 25.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Capsaicin 0.025%. Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gms: Upheld**

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

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

**Decision rationale:** Limited information is available for this review. The medical report that requests the compound medication was not provided for review. The only medical report provided for this review is dated 8/19/14 and states the patient presents with 8-9/10 pain in the low back and both hands. The request is for necessity of a "1 prescription of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gms". MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded medication contains Gabapentin. MTUS states topical Gabapentin is not recommended, therefore the whole compounded topical medication that contains gabapentin is not recommended. The request for a prescription of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, #180 grams is not medically necessary.

**1 prescription of Cyclobenzaprine 2%, Flurbiprofen 25%:** Upheld

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

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

**Decision rationale:** Limited information is available for this review. The medical report that requests the compound medication was not provided for review. The only medical report provided for this review is dated 8/19/14 and states the patient presents with 8-9/10 pain in the low back and both hands. The request is for necessity of a "1 prescription of Cyclobenzaprine 2%, Flurbiprofen 25% ".MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded medication contains Cyclobenzaprine, a muscle relaxant. MTUS states that Baclofen or Other muscle relaxants are not recommended as a topical product. Cyclobenzaprine is not recommended, therefore the whole compounded topical medication that contains cyclobenzaprine is not recommended. The request for a prescription of Cyclobenzaprine 2%, and Flurbiprofen 25% is not medically necessary.