

<b>Case Number:</b>	CM14-0203435		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/11/2004
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 60 year old female with a date of injury 3/11/04. The diagnoses include C5-C6 disc herniation syndrome with radiculopathy, lumbar discopathy, bilateral shoulder impingement, bilateral knee arthrosis with possible internal derangement and meniscal tear.. Under consideration are requests for Gabapentin 10%/ Cyclobenzaprine 4%/Ketoprofen 10%/ Capsaicin 00375%/ Menthol 5%/ Camphor 2% cream and Norco 10/325mg. There is a primary treating physician report dated October 16, 2014 that states that the patient has low back and bilateral knee pain. The pain was approximately 10/10 in the low back and 8/10 in the knees. There was also shoulder pain, which was 8/10 and foot pain, which was 9/10. The patient was taking Norco. On physical exam there was tenderness to palpation with spasms and tightness in the thoracic spine. There was decreased lumbar range of motion. The knees showed tenderness to palpation bilaterally along the joint lines, with crepitus. The grind maneuver was positive and the McMurray's maneuver was positive. The Lachmann's maneuver was painful and could not be examined due to pain. The treatment plan included a topical cream as well as a prescription for Norco and a urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%/ Cyclobenzaprine 4%/Ketoprofen 10%/ Capsaicin 00375%/ Menthol 5%/ Camphor 2% cream for neuropathic pain, apply one to two (1-2) grams to affected area:**  
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; Salicylate topical Page(s): 111-113; 105.

**Decision rationale:** The request is for Gabapentin 10%/ Cyclobenzaprine 4%/Ketoprofen 10%/ Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% cream for neuropathic pain, apply one to two (1-2) grams to affected area. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. The guidelines state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Gabapentin or topical Cyclobenzaprine therefore the entire cream Gabapentin 10%/ Cyclobenzaprine 4%/Ketoprofen 10%/ Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% is not medically necessary.

**Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Norco 10/325 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal evidence of the above pain assessment in the documentation or evidence that Norco has improved the patient's function or pain level to a significant degree. Furthermore, the request as written does not indicate a quantity. The request for Norco 10/325 is not medically necessary.