

<b>Case Number:</b>	CM14-0204284		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/06/2014
<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 Family Practice 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 54 years old female patient who sustained an injury on 6/11/2012. She sustained the injury due to fell at work. The current diagnoses include cervicalgia, lumbago, cervical and lumbar radiculopathy, bilateral knee pain and right foot plantar fasciitis and osteoarthritis. Per the doctor's note dated 11/20/14, she had complaints of neck pain with radiation to arms, low back pain with radiation to the right leg, bilateral knee pain, foot pain and problem with stomach. The physical examination revealed cervical spine- tenderness and decreased range of motion, positive cervical distraction and compression test, 4/5 strength and decreased sensation in C5 and C6 dermatomes bilaterally; lumbar spine- tenderness, decreased range of motion and positive Tripod and Flip test; bilateral knees- tenderness, no instability, antalgic gait, range of motion- flexion 120 and extension 0 degree, positive McMurray, Apley's compression and patellar compression test; right foot- tenderness and pain with walking; 4/5 strength and decreased sensation in L5 and S1 dermatomes. The medications list includes terocin patches, deprizine, dicopanol, fanatrex, synapryn, tabradol and topical compound analgesic cream. She has had right foot X-ray dated 6/11/12 with normal findings; MRI right foot dated 7/19/14 which revealed first metatarsophalangeal chondromalacia and osteoarthritis; MRI left knee dated 7/19/2014 which revealed tear of the medial meniscal root with 3.9mm medial extrusion of the body, laxity of the medial collateral ligament, Suprapatellar and tibiofemoral joint effusion, Baker's cyst, mild medial displacement of the patella with respect to the intercondylar groove of the femur with increasing flexion; EMG/NCS lower extremities dated 6/21/13 with normal findings; lumbar MRI dated 12/18/13 which revealed disc bulge at L4-5 and L5-S1 with bilateral neural foraminal narrowing. She has had physical therapy visits and acupuncture visits for this injury. She has had urine drug screen on 7/17/14 and 9/12/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%  
150gm # 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

**Decision rationale:** Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID) and gabapentin is anti-convulsant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. Therefore, this request is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

**Decision rationale:** Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAIDs) and Cyclobenzaprine is a muscle relaxant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for

pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants.) 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and cyclobenzaprine are not recommended by cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. Therefore, this request is not medically necessary.