

<b>Case Number:</b>	CM14-0206605		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehabilitation, 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:

This 30 year old female sustained work related industrial injuries on September 15, 2010. The mechanism of injury was not described. The injured worker subsequently complained of right shoulder pain with radiation to the right hand and right wrist. The injured worker was diagnosed and treated for right shoulder sprain/strain, right carpal tunnel syndrome, right de Quervain's disease and right wrist sprain/ strain. MRI of the right wrist performed on May 13, 2011, revealed increased signal beneath the transverse retinaculum near the median nerve. No other abnormalities were noted. On June 7, 2014, the injured worker underwent a right wrist carpal tunnel release and a right wrist neurolysis of the median nerve. Treatment also consisted of laboratory studies, radiographic imaging, prescribed medications, physical therapy, home exercise therapy, consultations and periodic follow up visits. According to the treating provider report dated September 26, 2014, the injured worker complained of sharp right shoulder pain, radiating down the arm to the fingers with muscle spasms. The injured worker was noted to be in slight distress. Physical exam reveal tenderness in right shoulder and wrist with decreased sensation along the median nerve in the right upper extremity. The injured worker diagnoses were right shoulder joint derangement and status post right carpal tunnel release with residual pain. Per treating provider report dated November 21, 2014, objective findings revealed painful range of motion in the right shoulder. There was tenderness to palpitation of the supraspinatus and trapezius. Muscle spasm of the anterior shoulder was also noted. Right elbow revealed tenderness to palpitation of the lateral elbow and medial elbow. Cozen's and Mills causes pain on the right. Right wrist revealed painful range of motion with tenderness to palpitation of the dorsal wrist and volar wrist. Muscle spasms of the forearm were noted Tinel's caused pain on the right. Phalen's and Finkelsteins was positive on the right. As of November 21, 2014, the injured worker remains on modified work restrictions. The treating physician prescribed Capsaicin

0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gm and Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm from September 26, 2014 to October 14, 2014 now under review. On November 20, 2014, the Utilization Review (UR) evaluated the prescriptions for retrospective request for one prescription of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gm and one prescription of Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm requested on November 13, 2014. Upon review of the clinical information, UR non-certified the request for one prescription of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gm and one prescription of Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm, noting that the clinical findings including diagnoses did not meet the criteria for all ingredients consistent with the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### **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% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 111-113.

**Decision rationale:** Regarding the request for capsaicin/flurbiprofen/gabapentin/menthol/camphor, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: 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. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested capsaicin/flurbiprofen/gabapentin/menthol/camphor is non-certified.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 111-113.

**Decision rationale:** Regarding the request for cyclobenzaprine/flurbiprofen, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: 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. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested cyclobenzaprine/flurbiprofen is non-certified.