

<b>Case Number:</b>	CM14-0208555		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 52 year-old male with date of injury 06/08/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/14/2014, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasm. Range of motion was limited in all directions by pain. Spurling's maneuver was negative bilaterally. Axial loading test was negative. Sensation and strength testing were within normal limits. Diagnosis: 1. Cervicalgia. The medical records supplied for review document that the patient was first prescribed the following medication on 07/14/2014. Medication: 1. Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5%, Capsaicin 0.0325%, Menthol 10%, Camphor 5%, #120 SIG: topically three times daily 2. Flurbiprofen 10%, Capsaicin 0.025%, #120 SIG: topically three times daily

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5%, Capsaicin 0.035%, Menthol 10%, Camphor 5% #120: Upheld**

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5%, Capsaicin 0.035%, Menthol 10%, Camphor 5% #120 is not medically necessary.

**Flurbiprofen 10%, Capsaicin 0.025% #120:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 10%, Capsaicin 0.025% #120 is not medically necessary.