

<b>Case Number:</b>	CM15-0001002		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 49-year-old male who reported an injury on 11/20/2013. The mechanism of injury was not provided. His diagnoses include lumbar radiculopathy, lumbar sprain/strain, shoulder sprain/strain, insomnia, anxiety, and depression. Past treatments were not included in the report. On 11/17/2014, it was indicated the injured worker had complaints of low back pain that he rated 8/10 without medications and 5/10 with medications. He indicated he had left shoulder pain that he rated 6/10, and 4/10 with the use of medication. He also reported loss of sleep. Upon physical examination, it was indicated the injured worker right measured 110/110/110 and left 80/70/80. Medications were not included in the report. The treatment plan was noted to include creams and a Functional Capacity Evaluation. The request was received for cyclobenzaprine 2%, flurbiprofen 25% 180mg; cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% 180mg; capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2 %, camphor 2% 180mg; gabapentin 15%, amitriptyline 10%, dextromethorphan 10% 180mg; acupuncture (2 times per week for 4 weeks for the lumbar spine and left shoulder) without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Flurbiprofen 25% 180mg: 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that when in any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. The guidelines state that cyclobenzaprine is not recommended, as there is no evidence for the use of any muscle relaxant for topical use. The guidelines state that topical NSAIDs are for osteoarthritis of the knee and elbow, and the only FDA approved topical NSAID is diclofenac. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Additionally, at least 1 of the medications is not supported. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify body region, frequency of use, and duration. As such, the request for cyclobenzaprine 2%, flurbiprofen 25% 180mg is not medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180mg: 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that when in any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. The guidelines indicate that cyclobenzaprine and gabapentin are not recommended, as there is no evidence supporting their topical use. The documentation submitted for review did not indicate the injured worker tried and failed antidepressants and anticonvulsants. Additionally, at least 1 of the medications is not supported. Consequently, the request is not supported by the evidence based guidelines. Moreover, the request does not specify duration, frequency, or body region. As such, the request for cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% 180mg is not medically necessary.

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2 %, Camphor 2% 180mg: 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that when in any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. The guidelines state that capsaicin is recommended for those who have not responded to or are intolerant to other treatments. The guidelines also state that topical NSAIDs are to be used for osteoarthritis of the knee and elbow, and the only FDA approved topical NSAID is diclofenac. Gabapentin is not recommended, as there is no evidence supporting its topical use. In the absence of documentation regarding the failure of antidepressants and anticonvulsants, and as at least 1 of the medications is not recommended, the request is not supported. Additionally, the request does not specify duration, frequency of use, and body region. As such, the request for capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2 %, camphor 2% 180mg is not medically necessary.

**Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% 180mg:** 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that when in any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. The guidelines indicate that gabapentin is not recommended for topical use, as there is no evidence supporting it. In the absence of documentation noting the failure of antidepressants and anticonvulsants, and as at least 1 of the medications in the compounded product is not recommended, the entire request is not supported. Additionally, the request does not specify duration, frequency of use, and body region this is to be applied to. As such, the request for gabapentin 15%, amitriptyline 10%, dextromethorphan 10% 180mg is not medically necessary.

**Acupuncture (2 times per week for 4 weeks for the Lumbar Spine and Left Shoulder):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the California MTUS Guidelines, acupuncture is recommended for those who have not responded to or are intolerant to medications. It is used in

adjunct to an active therapeutic exercise program in order to restore function. The clinical documentation submitted for review did not indicate unresponsiveness or intolerance to medications. Additionally, it was not indicated what the injured worker's function was in terms of range of motion and motor strength. Consequently, the request is not supported by the evidence based guidelines. Additionally, it was not indicated that the injured worker was to participate in an adjunctive active therapeutic exercise program. As such, the request for acupuncture (2 times per week for 4 weeks for the lumbar spine and left shoulder) is not medically necessary.