

<b>Case Number:</b>	CM15-0006329		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 40 year old male who sustained an industrial injury on 5/27/2010. He has reported his right thumb getting caught in a truck lift with right thumb pain, low back pain, upper back pain and right foot pain. The diagnoses have included crushing injury of the finger with fracture, sprain/strain of forearm and elbow, cervical sprain/strain, lumbosacral sprain/strain and neuritis/radiculitis of the lumbosacral region. Treatment to date has included right thumb surgery in 2010, physical therapy, home exercises, chiropractic care, acupuncture, medication management and activity modification. Currently, the IW complains of right thumb tenderness and sensitivity. The treatment plan included Capsaicin 0/025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2 %/Camphor 2 %-180 grams. On 1/2/2015, Utilization Review non-certified one container of Capsaicin 0/025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2 %/Camphor 2 %-180 grams, noting the lack of documentation of the use of first line treatments. The MTUS was cited. On 1/8/2015, the injured worker submitted an application for IMR for review of Capsaicin 0/025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2 %/Camphor 2 %-180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One container of Capsaicin 0/025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%, 180 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section 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 guidelines, According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound in question contains Gabapentin. Gabapentin is not recommended per the guidelines due to lack of clinical evidence to support its use. In addition, long-term use of topical medications is not recommended. Since topical Gabapentin is not recommended and the compound is offered for an extended time period, the compound above is not medically necessary.