

<b>Case Number:</b>	CM15-0106669		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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

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 53-year-old male who sustained an industrial injury on 09/04/2013. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, cervical spine radiculopathy/radiculitis, upper extremity, radiculitis lower extremity, elbow sprain/strain, and cervical spine sprain/strain. Treatment to date has included diagnostic studies, and medications. On 01/03/2015, a Magnetic Resonance Imaging of the cervical spine was done and revealed early disc desiccation throughout the cervical spine, multiple areas of disc protrusion effacing the thecal sac. A Magnetic Resonance Imaging of the left wrist done on 01/03/2015 showed ganglion cyst at the dorsal aspect of pisiotriquetral joint, small distal radioulnar joint effusion, focal avascular necrosis of the ulnar articular surface of the lunate, partial tear of triangular fibrocartilage complex, partial tear of the scapholunate ligament. A right elbow Magnetic Resonance Imaging of the elbow done on 01/03/2015 revealed tendinosis of the common extensor tendon at the lateral epicondyle, and minimal joint effusion at the humeroulnar and humeroradial joints. On 03/12/2015 a Magnetic Resonance Imaging of the right shoulder showed mild-to-moderate degenerative changes of the acromioclavicular joint, with extensive surrounding bone marrow edema and adjacent soft tissue edema, suggestive of overuse injury, low grade intrasubstance tearing of the supraspinatus tendon at the foot print on a background tendinosis, and findings may represent minimal subacromial impingement. A physician QME report dated 01/05/2015 documents the injured worker was seen on 08/28/2014 and had limitation of motion of the right shoulder but the limitation was felt to be because of referred pain from the cervical spine and not because of intrinsic injury to the right shoulder. There was

no right shoulder Magnetic Resonance Imaging present for review with the documentation. There are no other physician progress notes present for this review. Treatment requested is for Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams for the date of service 12/31/14, Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 01/30/15, Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 03/02/15, Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 12/31/14, Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams for the date of service 01/30/15, and Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams for the date of service 03/02/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 03/02/15: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 03/02/15. The RFA is dated 01/09/15. Treatment history has included imaging and topical creams. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress, report 01/09/15, the patient presents with chronic neck, low back and bilateral elbow pain. There is limitation of motion of the right shoulder but the limitation was felt to be because of referred pain from the cervical spine and not because of intrinsic injury to the right shoulder. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, cervical spine radiculopathy/radiculitis, upper extremity, radiculitis lower extremity, elbow sprain/strain, and cervical spine sprain/strain. The treater has requested topical compound creams. In this case, the patient does meet the indication for the topical NSAID, as he suffers from chronic elbow pain. However, Gabapentin is not recommended for any topical formulation. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request IS NOT medically necessary.

**Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams for the date of service 03/02/15: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams for the date of service 12/31/14. The RFA is dated 03/02/15. Treatment history has included imaging and topical creams. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress, report 01/09/15, the patient presents with chronic neck, low back and bilateral elbow pain. There is limitation of motion of the right shoulder but the limitation was felt to be because of referred pain from the cervical spine and not because of intrinsic injury to the right shoulder. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, cervical spine radiculopathy/radiculitis, upper extremity, radiculitis lower extremity, elbow sprain/strain, and cervical spine sprain/strain. The treater has requested topical compound creams. In this case, the patient does meet the indication for the topical NSAID, as he suffers from chronic elbow pain. However, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request IS NOT medically necessary.

**Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 01/30/15: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 01/30/15. The RFA is dated 01/09/15. Treatment history has included imaging and topical creams. The MTUS has the following regarding topical creams (p111, chronic pain

section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress, report 01/09/15, the patient presents with chronic neck, low back and bilateral elbow pain. There is limitation of motion of the right shoulder but the limitation was felt to be because of referred pain from the cervical spine and not because of intrinsic injury to the right shoulder. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, cervical spine radiculopathy/radiculitis, upper extremity, radiculitis lower extremity, elbow sprain/strain, and cervical spine sprain/strain. The treater has requested topical compound creams. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use per MTUS. Therefore, entire compound cream is rendered invalid. This request IS NOT medically necessary.

**Retrospective request for Cyclobenzparine 2%, Flurbiprofen 25% 180 Grams for the date of service 01/30/15: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams for the date of service 01/30/15. The RFA is dated 01/09/15. Treatment history has included imaging and topical creams. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress, report 01/09/15, the patient presents with chronic neck, low back and bilateral elbow pain. There is limitation of motion of the right shoulder but the limitation was felt to be because of referred pain from the cervical spine and not because of intrinsic injury to the right shoulder. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, cervical spine radiculopathy/radiculitis, upper extremity, radiculitis lower extremity, elbow sprain/strain, and cervical spine sprain/strain. The treater has requested topical compound creams. In this case, the patient does meet the indication for the topical NSAID, as he suffers from chronic elbow pain. However, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. MTUS states, "Any

compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request IS NOT medically necessary.

**Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 12/31/14: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10% Menthol 2%, Camphor 2% 180 Grams for the date of service 12/31/14. The RFA is dated 01/09/15. Treatment history has included imaging and topical creams. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress, report 01/09/15, the patient presents with chronic neck, low back and bilateral elbow pain. There is limitation of motion of the right shoulder but the limitation was felt to be because of referred pain from the cervical spine and not because of intrinsic injury to the right shoulder. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, cervical spine radiculopathy/radiculitis, upper extremity, radiculitis lower extremity, elbow sprain/strain, and cervical spine sprain/strain. The treater has requested topical compound creams. In this case, the patient does meet the indication for the topical NSAID, as he suffers from chronic elbow pain. However, Gabapentin is not recommended for any topical formulation. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request IS NOT medically necessary.

**Retrospective request for Cyclobenzparine 2%, Flurbiprofen 25% 180 Grams for the date of service 12/31/14: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams for the date of service 12/31/14. The RFA is dated 01/09/15.

Treatment history has included imaging and topical creams. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress, report 01/09/15, the patient presents with chronic neck, low back and bilateral elbow pain. There is limitation of motion of the right shoulder but the limitation was felt to be because of referred pain from the cervical spine and not because of intrinsic injury to the right shoulder. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, cervical spine radiculopathy/radiculitis, upper extremity, radiculitis lower extremity, elbow sprain/strain, and cervical spine sprain/strain. The treater has requested topical compound creams. In this case, the patient does meet the indication for the topical NSAID, as he suffers from chronic elbow pain. However, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request IS NOT medically necessary.