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| <b>Case Number:</b>   | CM15-0107821 |                              |            |
| <b>Date Assigned:</b> | 06/12/2015   | <b>Date of Injury:</b>       | 11/04/2012 |
| <b>Decision Date:</b> | 07/29/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2015 |

### 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: Texas, 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:

This is a 44-year-old female patient who sustained an industrial injury on 11/4/2012 resulting in low back pain and muscle spasm. The diagnoses include L4-5 disc annular tear; disc herniation syndrome with facet syndrome; and, discopathy with mechanical instability to the lumbar spine. She sustained the injury while picking up a patient, he slipped from her hold. Per the note dated 3/12/15, she had pain in lower left back. The physical examination revealed tenderness over the left L4-5 and L5-S1 facet joints. The medications list includes flexeril, motrin and benadryl. She is currently not working. Treatment has included physical therapy, injections, medication with some pain relief, and radiofrequency ablation which provided just under one year of reported pain relief. Treating physician's plan of care includes compound cream: Gabapentin, Ketoprofen, Cyclobenzaprine, Capsaicin, and Camphor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Ketoprofen 10%, Cyclobenzaprine 4%, Capsaicin 0.0375% and Camphor 2% cream:** 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, pages 111-113.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant, ketoprofen is an NSAID and gabapentin is anti-convulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,...) (Argoff, 2006) There is little to no research to support the use of many of these agents." "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." "Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine, ketoprofen and gabapentin are not recommended by the cited guidelines for topical use as cited because of the absence of high grade scientific evidence to support their effectiveness. The request for Gabapentin 10%, Ketoprofen 10%, Cyclobenzaprine 4%, Capsaicin 0.0375% and Camphor 2% cream is not medically necessary or fully established for this patient.