

<b>Case Number:</b>	CM15-0018323		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Georgia, California, Texas

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 5/29/14. The injured worker has complaints of right leg pain with decreased range of motion and decreased strength. The documentation noted on 6/4/14 the injured worker complains of lumbar spine pain radiating down right leg and above her knees. Ambulates with antalgic gait due to right leg pain and is hypersensitive to all touch and movement. The diagnoses have included sprain of lumbosacral. According to the utilization review performed on 12/30/14, the requested cream-capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% and cream-cyclobenzaprine 2%, flurbiprofen 25% has been non-certified. MTUS 2009: Chronic Pain Medical Treatment Guidelines, pages 111-113: Topical Analgesics "largely experimental in use with few randomized controlled trials to determine efficacy or safety, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The documentation noted that no exam findings were provided for 12/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cream-capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2%:**  
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): 111-113 of 127.

**Decision rationale:** MTUS does not recommend topical use of gabapentin. MTUS does not recommend topical NSAIDs such as flurbiprofen for treatment of spine pain or neuropathic pain. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested topical compounded medication is not recommended by MTUS. Medical necessity is not established for the requested compounded cream whose ingredients include capsaicin, flurbiprofen, gabapentin, menthol, and camphor.

**Cream-cyclobenzaprine 2%, flurbiprofen 25%:** 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): 111-113 of 127.

**Decision rationale:** MTUS does not recommend topical use of muscle relaxants such as cyclobenzaprine. MTUS does not recommend topical NSAIDs such as flurbiprofen for treatment of spine pain or neuropathic pain. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested topical compounded medication is not recommended by MTUS. Medical necessity is not established for the requested compounded cream whose ingredients include flurbiprofen and cyclobenzaprine.