

<b>Case Number:</b>	CM15-0130665		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 59 year old male, who sustained an industrial injury on November 6, 2014, incurring neck and shoulder injuries. He was diagnosed with cephalgias, cervical sprain, cervical disc displacement and cervical radiculopathy, shoulder sprain, labral tear and shoulder internal derangement. Treatment included pain medications, sleep aides, anti-inflammatory drugs, topical analgesic creams and work restrictions. Currently, the injured worker complained of headaches, muscle spasms and pain radiating down both arms. He was noted to have limited extremity range of motion. Magnetic Resonance Imaging revealed cervical disc herniation and degenerative disc disease. The treatment plan that was requested for authorization included prescriptions for topical analgesic compound creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Medication (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%) 180 Grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** 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. Topical muscle relaxants such as Cyclobenzaprine as well as topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant had taken other topical analgesics in the past, and the topical Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% was combined with another topical analgesic. There is no indication for combining multiple topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**Topical Compound Medication (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%) 180 Grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** 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. Topical muscle relaxants such as Cyclobenzaprine as well as topical Gabapentin and topical antidepressants such as Amitriptyline are not recommended due to lack of evidence. In addition, the claimant had taken other topical analgesics in the past, and the topical Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% was combined with another topical analgesic. There is no indication for combining multiple topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.