

<b>Case Number:</b>	CM15-0134827		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Hawaii  
 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 60-year-old female who sustained an industrial injury on 3/4/14. The injured worker was diagnosed as having cervical spine sprain/strain, cervical degenerative disc disease, bilateral shoulder pain, left shoulder labral tear, left shoulder rotator cuff tear, left shoulder bursitis, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, lumbar radiculopathy, bilateral knee internal derangement, left knee lateral meniscal tear, right knee medial meniscal tear, and bilateral knee osteoarthritis. Currently, the injured worker was with complaints of pain in the neck, bilateral shoulder, back and bilateral knees. Previous treatments included activity modification. Previous diagnostic studies were not included. The injured work status was noted as remain off work - temporary total disability. The injured workers pain level was noted as 7-8/10. Physical examination was notable for tenderness to palpation to cervical paraspinal muscles, upper trapezius and rhomboids, lumbar paraspinals, medial and lateral joint line and patellofemoral joint bilaterally. The plan of care was for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 grams and Cyclobenzaprine 2%, Flurbiprofen 25%, 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The patient presents with pain affecting the. The current request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% quantity 180gms. The treating physician states in the report dated 6/10/15, Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% apply a thin layer to affected areas 3 times a day for pain. (34B) The MTUS Guidelines state that capsaicin is only recommended if the patient has not responded or is intolerant to other treatments. The MTUS guidelines do not recommend the use of Gabapentin in topical formulation. In this case, the treating physician has prescribed a cream that contains an ingredient not recommended by the MTUS guidelines. The current request is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Cyclobenzaprine Page(s): 113.

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

**Decision rationale:** The patient presents with pain affecting the. The current request is for Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm. The treating physician states in the report dated 6/10/15, Cyclobenzaprine 2%, Flurbiprofen 25% apply a thin layer to affected areas 3 times a day for pain. (34B) The MTUS guidelines do not support muscle relaxants in topical formulation. In this case, the treating physician has prescribed a cream that contains an ingredient not recommended by the MTUS guidelines. The current request is not medically necessary.