

<b>Case Number:</b>	CM15-0137707		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: North Carolina, Georgia  
 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 34-year-old male, who sustained an industrial injury on 11/06/2013. The injured worker is currently able to work with modifications as of 05/04/2015. The injured worker is currently diagnosed as having headaches/cervicalgia, cervical spine sprain/strain, cervical spine radiculopathy, bilateral shoulder internal derangement, thoracic spine pain, low back pain, lower extremity radiculitis, right ankle pain, status post right ankle surgery, and right foot pain. Treatment and diagnostics to date has included right ankle surgery and medications. In a progress note dated 07/01/2015, the injured worker presented with complaints of headaches, neck pain and spasms, bilateral shoulder pain, mid back pain and spasms, and low back pain with spasms. Objective findings include tenderness to palpation and decreased range of motion to the cervical spine, bilateral shoulders, thoracic spine, lumbar spine, and right ankle. The treating physician reported requesting authorization for Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor cream.

### 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% 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS, as there is no peer-reviewed literature to support its use. As such, the request for capsaicin, flurbiprofen, Gabapentin, menthol, camphor is not medically necessary and the original UR decision is not medically necessary.