

Case Number:	CM15-0139181		
Date Assigned:	07/29/2015	Date of Injury:	08/29/2014
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 46-year-old female, who sustained an industrial injury on 08-29-2014. She has reported injury to the neck, right shoulder, right elbow, right wrist, and mid and low back. The diagnoses have included cervical spine herniated nucleus pulposus; cervical spine radiculopathy; right shoulder sprain-strain; right elbow sprain-strain; right wrist-hand sprain-strain; thoracic spine pain; thoracic spine sprain-strain; low back pain; lumbar spine herniated nucleus pulposus; and lower extremity radiculitis. Treatment to date has included medications, diagnostics, physical therapy, and extracorporeal shockwave treatment. Medications have included Synapryn, Tabradol, Deprizine, Dicopanl, Fanatrex, and compounded topical creams. A progress note from the treating physician, dated 05-22-2015, documented a follow-up visit with the injured worker. The injured worker reported sharp, stabbing neck pain and muscle spasms, greater on the right side; the pain is constant and moderate to severe, and rated at 5 out of 10 on a pain analog scale; the pain is associated with numbness and tingling of the bilateral upper extremities; sharp right shoulder pain radiating down the arm to the fingers, associated with muscle spasms; the pain is constant and mild to moderate, and rated at 4 out of ten on a pain analog scale; dull, achy oftentimes sharp, stabbing right elbow pain and muscle spasms; the pain is constant, mild to moderate, and rated at 5 out of 10 on a pain analog scale; dull, achy mid back pain and muscle spasms; the pain is rated as 5 out of ten on a pain analog scale; sharp, oftentimes dull, low back pain and muscle spasms; the pain is constant and moderate to severe and rated as 7 out of 10 on a pain analog scale; the pain is associated with numbness and tingling of the right lower extremity; the symptoms persist, but the medications do offer her temporary relief of pain and improve her ability to have restful sleep; and the pain is also alleviated by activity restrictions. Objective findings included tenderness to palpation of the cervical spine with decreased range so motion; cervical distraction and maximal foraminal compression tests are positive bilaterally; there is tenderness to palpation of the right shoulder with decreased

ranges of motion; Neer's impingement sign and supraspinatous tests are both positive on the right shoulder; there is tenderness to palpation of the right elbow at the extensor muscle compartments; right elbow flexion and supination are decreased; Cozen' sign and Mill's sign are positive; there is tenderness at the right wrist carpal tunnel and first dorsal extensor muscle compartment; right wrist ranges of motion are decreased; Phalen's and Tinel's signs are positive; tenderness to palpation and spasms are noted over the bilateral thoracic paraspinals and over the spinous processes T1, T2,T3, T4, and T5; thoracic spine ranges of motion are decreased; there is bilateral lumbar paraspinal muscle guarding; the spinous processes L2-L5 are tender to palpation; lumbar spine ranges of motion are decreased; and straight leg raising tests are positive bilaterally. The treatment plan has included the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 gm thin layer 3 times a day to affected area; and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 gm thin layer to affected area 3 times a day for pain.

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 thin layer 3 times a day to affected area: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaicin 0.025%, Flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% in 180 g (apply a thin layer TID to affected area) is not medically necessary.

Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine HNP; cervical spine radiculopathy; right shoulder sprain strain; right elbow sprain strain; right wrist/hand sprain strain; thoracic spine pain; thoracic spine sprain strain; low back pain; lumbar spine HNP; radiculitis lower extremities; and psychosexual dysfunction. The date of injury is August 29, 2014. The request for authorization is May 15, 2015. There was no clinical documentation of the topical analgesic (supra) in the medical record. The latter two progress notes dated March 25, 2015 and May 22, 2015 do not contain a clinical indication or rationale or clinical documentation for the topical analgesic, Capsaicin 0.025%, Flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2%. According to May 22, 2015, progress note, subjective complaints include the cervical spine, right shoulder, right elbow, right wrist and hand and low back. Objectively, there is tenderness of palpation at the cervical spine, trapezius, sternocleidomastoid and levator scapulae muscles. There is tenderness to palpation over the shoulder, elbow wrist and

hands. There are no neurologic sensory or motor abnormalities.

Flurbiprofen is not FDA approved for topical use. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and gabapentin) that is not recommended is not recommended. Consequently, Capsaisin 0.025%, Flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% in 180g is not recommended. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and documentation with a clinical indication and rationale for its use, Capsaisin 0.25%, Flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% in 180 g (apply a thin layer TID to affected area) is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 gm thin layer to affected area 3 times a day for pain: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% in 180g (apply thin layer to affected area TID for pain) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine HNP; cervical spine radiculopathy; right shoulder sprain strain; right elbow sprain strain; right wrist/hand sprain strain; thoracic spine pain; thoracic spine sprain strain; low back pain; lumbar spine HNP; radiculitis lower extremities; and psychosexual dysfunction. The date of injury is August 29, 2014. The request for authorization is May 15, 2015. There was no clinical documentation of the topical analgesic (supra) in the medical record. The latter two progress notes dated March 25, 2015 and May 22, 2015 do not contain a clinical indication or rationale or clinical documentation for the topical analgesic containing cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% in 180 g. According to May 22, 2015, progress note, subjective complaints include the cervical spine, right shoulder, right elbow, right wrist and hand and low back. Objectively, there is tenderness of palpation at the cervical spine, trapezius, sternocleidomastoid and levator scapulae muscles. There is tenderness to palpation over the shoulder, elbow wrist and hands. There are no neurologic sensory or motor abnormalities. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine and gabapentin) that is not recommended is not recommended. Consequently, cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% in 180g is not recommended. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and no clinical documentation with an indication or rationale for its use, cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% in 180g (apply thin layer to affected area TID for pain) is not medically necessary.