

<b>Case Number:</b>	CM15-0139931		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

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 (IW) is a 59-year-old female who sustained an industrial injury on 02/24/2014. She reported low back, left shoulder and wrist pain. The initial mechanism of injury was cumulative trauma. Electrodiagnostic studies done June 24, 2015, showed a right ulnar neuropathy, and no indicators of acute cervical and lumbar radiculopathy, and no sign of entrapment neuropathy in the lower extremities. The injured worker was diagnosed as having: Generalized pain, Sciatica, Lumbar spine sprain-strain, Wrist sprain-strain, and Shoulder sprain. Treatment to date has included medications for pain and inflammation. Current medications include Mobic, Tramadol cream, and Norco. An epidural was only temporarily helpful. She was given injections for pain. Currently, the injured worker complains of bilateral wrist and left shoulder pain, low back pain with radiation to both feet and bilateral hip, left knee and left ankle pain. On exam, his cervical range of motion is restricted with intact sensation, normal deep tendon reflexes, and no diminishing in motor strength. Range of motion in the lumbar spine is restricted with normal motor strength, sensation and reflexes. A request for authorization was made for the following: 1 Rx Gabapentin 10% Lidocaine 2% in trigger point gel with Aloe Vera 0.5% and Emu Oil 30%, Capsaicin (natural) 0.025%, Menthol 10%, and Camphor 5% Gel 120gms. 1 Rx Ketoprofen 15% Lidocaine 1% Tramadol 5% Capsaicin (natural) 0.0125% Liquid 120mm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Rx Gabapentin 10% Lidocaine 2% in trigger point gel with Aloe Vera 0.5% and Emu Oil 30%, Capsaicin (natural) 0.025%, Menthol 10%, and Camphor 5% Gel 120gms: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded Capsaicin and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of Lidocaine without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The 1 Rx Gabapentin 10% Lidocaine 2% in trigger point gel with Aloe Vera 0.5% and Emu Oil 30%, Capsaicin (natural) 0.025%, Menthol 10%, and Camphor 5% Gel 120gms is not medically necessary and appropriate.

**1 Rx Ketoprofen 15% Lidocaine 1% Tramadol 5% Capsaicin (natural) 0.0125% Liquid 120mml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and opioid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this NSAID and opioid for this chronic injury without improved functional outcomes attributable to their use. The 1 Rx Ketoprofen 15% Lidocaine 1% Tramadol 5% Capsaicin (natural) 0.0125% Liquid 120mml is not medically necessary and appropriate.