

<b>Case Number:</b>	CM15-0142884		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 is a 42 year old male who sustained an industrial/work injury on 7-18-13. He reported an initial complaint of pain in neck and back to the shoulders and arms. The injured worker was diagnosed as having cervical myofascitis, cervical sprain-strain, lumbar disc protrusion, lumbar musculoligamentous injury, lumbar myofascitis, lumbar sprain-strain, right shoulder myoligamentous injury, right shoulder strain-sprain, left shoulder myoligamentous injury, left shoulder sprain-strain, right carpal tunnel syndrome, right carpal tunnel syndrome, right wrist sprain-strain, left carpal tunnel syndrome, left wrist sprain-strain. Treatment to date includes medication, and steroid epidural injection-left lumbar facet block. Currently, the injured worker complained of constant severe sharp neck pain with cramping and occasional severe, sharp, stabbing low back pain and stiffness. There was also intermittent sharp right shoulder pain radiating to the right elbow, intermittent moderate sharp left shoulder pain radiating to the left elbow, and dull left-right wrist pain radiating to the hand with numbness and weakness. Per the primary physician's report (PR-2) on 6-17-15, exam noted normal cervical range of motion, tenderness to palpation of the cervical paravertebral muscles, muscle spasm, and Soto-Hall is positive. The lumbar spine has limited flexion, has tenderness to palpation of the paravertebral muscles and spinous processes, muscle spasm, and nachlas causes pain. The left and right shoulders have normal range of motion, tenderness to palpation of the lateral shoulders, supraspinatus press is positive. The left and right wrists have normal range of motion and tenderness to palpation to the volar wrist with positive Tinel's. The requested treatments include

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm.

### **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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 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 NSAID, 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 NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Capsaicin and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not medically necessary and appropriate.

**Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 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 antidepressant and anti-epileptic over oral formulation for this chronic injury without

documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent same anti-epileptic posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of the antidepressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm is not medically necessary and appropriate.