

<b>Case Number:</b>	CM15-0149229		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 51 year old female sustained an industrial injury to the right shoulder on 4-16-13. The injured worker later developed left shoulder pain due to compensation. Previous treatment included right shoulder arthroscopy with rotator cuff repair, debridement and decompressions (10-31-13), injections, physical therapy and medications. In a PR-2 dated 4-15-15, the injured worker complained of bilateral shoulder pain, rated 8 out of 10 without medications and 4 out of 10 with medications. The treatment plan included a trial of KBCGL topical compound cream (Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin and Lidocaine). In an initial history and physical examination dated 6-18-15, the injured worker complained of pain to the neck and numbness in the left upper extremity. Physical exam was remarkable for cervical spine with tenderness to palpation of the paraspinal musculature and tender and painful flexion and extension, right upper extremity with normal deep tendon reflexes and sensation and left upper extremity with weakness in the left C5-6 distribution and normal deep tendon reflexes. Current diagnoses included cervical sprain, cervical myelopathy and cervical discopathy. The treatment plan included physical therapy for the cervical spine, urine toxicology screening, neurosurgical consultation for the cervical spine, magnetic resonance imaging cervical spine and prescriptions for Mobic, Norco and transdermal creams (Gabapentin and Lido TGP #10 10%, 2% Gel #60 and Flurbi and Capsai in KN oil 10% 0.025% liq #120).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapenting/Lido TGP #10 10%, 2% Gel #60 no refills dosage frequency not provided:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** This claimant was injured in 2013 with right shoulder pain. Previous treatment included right shoulder arthroscopy with rotator cuff repair, debridement and decompressions (10-31-13), injections, physical therapy and medications. There is now bilateral shoulder pain. Current diagnoses included cervical sprain, cervical myelopathy and cervical discopathy. The specific compound, dose or frequency is not mentioned. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The compound combination itself is not even mentioned. The request is appropriately non-certified.

**Flurbi/Capsai in KN oil 10% 0.025% liq #120 no refills dosage /frequency not provided:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** As shared previously, this claimant was injured in 2013 with right shoulder pain. Previous treatment included right shoulder arthroscopy with rotator cuff repair, debridement and decompressions (10-31-13), injections, physical therapy and medications. There is now bilateral shoulder pain. Current diagnoses included cervical sprain, cervical myelopathy and cervical discopathy. Again, the specific compound, dose or frequency is not mentioned. Per the guides, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The components of the compound are in fact not mentioned at all. The request is appropriately non-certified.

