

Case Number:	CM15-0168916		
Date Assigned:	09/10/2015	Date of Injury:	09/18/2014
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 55 year old female who sustained an industrial injury September 18, 2014. While assisting a toddler up from a step stool, she tripped and fell backward with the toddler in her hands, causing immediate pain to her back, neck, head, shoulders and legs. She underwent x-rays for her hands and neck, was placed on work restrictions and received physical therapy, a lumbar support, prescribed pain medication, and extracorporeal shockwave treatments. Diagnoses are cervical muscle spasm; cervical sprain, strain; thoracic myospasm; thoracic sprain, strain; right and left shoulder sprain, strain. According to a primary treating physician's progress report, dated July 9, 2015, the injured worker presented with complaints of frequent mild neck pain, upper-mid back pain, right and left shoulder pain. Objective findings included; cervical spine: tenderness to palpation of the cervical paravertebral muscles; thoracic spine: tenderness to palpation of the paravertebral muscles; right shoulder: tenderness to palpation of the anterior shoulder; left shoulder: tenderness to palpation of the anterior shoulder. Treatment plan included recommendation for a functional capacity evaluation and permanent and stationary evaluation. At issue, is the request for authorization for (1) container of Cyclobenzaprine and Flurbiprofen and (1) container of Capsaicin, Flurbiprofen, Gabapentin, Menthol, and Camphor. According to utilization review performed August 11, 2015, the request for (1) container of Cyclobenzaprine 2% and Flurbiprofen 25% 180 Grams between 8-7-2015 and 9-21-2015 and (1) container of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2% 180 Grams between 8-7-2105 and 9-21-2015 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% and Flurbiprofen 25% 180 grams, 1 container: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This medication is a compounded topical analgesic containing cyclobenzaprine and flurbiprofen. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. It is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% 180 grams, 1 container: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

Decision rationale: This medication is a compounded topical analgesic containing capsaicin, flurbiprofen, gabapentin, menthol, and camphor. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case, there is no documentation that the patient has failed other treatments. Capsaicin is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to

support use. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.