

<b>Case Number:</b>	CM15-0182213		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Family Practice

### 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 64 year old male who sustained an industrial injury 08-03-12. A review of the medical records reveals the injured worker is undergoing treatment for bilateral severe frozen shoulder, bilateral shoulder calcific tendinitis with underlying partial rotator cuff tendon tears, moderate cervical degenerative disk disease aggravated by industrial injury, mild bilateral hand osteoarthritis, an acute rotator cuff tendinitis-adhesive capsulitis left shoulder. Medical records reveal (08-19-15) reveal the injured worker complains of mild pain in his cervical spine. He has returned to work. The physical exam (08-19-15) reveals near full range of motion of bilateral shoulders. He has "significant" crepitus in both shoulders, and mild pain in the cervical paravertebral muscles. Prior treatment includes oral medications and physical therapy. The original utilization review (08-26-15) non certified the request for cyclobenzaprine-lidocaine, Flurbiprofen-lidocaine, and gabapentin-amitriptyline-capsaicin topical compounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10%, Lidocaine 2% 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Muscle relaxants such as cyclobenzaprine are not supported in a topical formulation. The guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Cyclobenzaprine 10%, Lidocaine 2% 30gm is not medically necessary and appropriate.

**Flurbiprofen 20%, Lidocaine 5%, 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS guidelines, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Flurbiprofen 20%, Lidocaine 5%, 30gm is not medically necessary and appropriate.

**Gabapentin10%, Amitriptyline 5%, Capsaicin 0.025% 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical gabapentin is not recommended and there is no peer-reviewed literature to support use. The request for Gabapentin10%, Amitriptyline 5%, Capsaicin 0.025% 30gm is not medically necessary and appropriate.

