

<b>Case Number:</b>	CM15-0202973		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/18/2015
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 46 year old female, who sustained an industrial injury on 4-18-15. The documentation on 9-4-15 noted that the injured worker has complaints of cervical spine constant moderate to severe 7 to 8 out of 10 dull, achy, sharp neck pain, stiffness and heaviness, aggravated by movement, prolonged looking up, prolonged looking down, prolonged standing and prolonged turning. The injured worker complaints of dull, achy low back pain rated at 7 out of 10; left shoulder pain; right wrist pain rated 7 out of 10 and left wrist pain rated 8 out of 10. There is tenderness to palpation of the cervical paravertebral muscles and muscle spasm of the cervical paravertebral muscles. The documentation noted that cervical compression causes pain. There is tenderness to palpation of the lumbar paravertebral muscles and there is muscle spasm of the lumbar paravertebral muscles. Left shoulder range of motion is painful. There is tenderness to palpation of the acromioclavicular joint, lateral shoulder and posterior shoulder. Supraspinatus press causes pain. Carpal compression causes pain. There is tenderness to palpation of the dorsal wrist, lateral wrist and volar wrist. The documentation noted that the Grind test causes pain and carpal compression causes pain. The diagnoses have included sprain of neck; sprain of lumbar; sprains and strains of unspecified site of shoulder and upper arm; right carpal sprain and strain; right wrist sprain and strain and anxiety. Computerized tomography (CT) scan guidance left wrist arthrogram on 8-10-15 revealed successful instillation of dilute gadolinium solution into the radiocarpal joint using computerized tomography (CT) scan guidance, the patient was taken to the magnetic resonance imaging (MRI) for further evaluation and incidental partial injection of contrast in to the extensor tendon sheaths of the second and

third compartments. Wrist X-rays showed no acute or chronic abnormalities, normal exam. Treatment to date has included splinting; therapy; nonsteroidal anti-inflammatory drugs (NSAIDs); injections; capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% for cervical spine, lumbar spine and left shoulder and gabapentin 15%, amitriptyline 4%, dextromethorphan 10% for left wrist and right wrist. The original utilization review (10-7-15) non-certified the request for 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** This patient receives treatment for chronic pain involving the neck, lower back, L wrist, and shoulder. The diagnoses include neck strain, lower back strain, right wrist strain, and anxiety. These injuries are the result of an industrial injury dated 04/18/2105. This review addresses a request for a compounded topical analgesic medication. On physical exam there was tenderness on palpation of the paracervical and the paralumbar muscles. Compression of the carpal bone region produced pain. Plain x-rays of the wrist were normal. The patient's wrist was treated with splinting and physical therapy. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Capsaicin may be medically indicated as a second line agent in the treatment of osteoarthritis and fibromyalgia. Flurbiprofen is an NSAID. NSAIDs are not medically indicated to treat chronic pain when applied topically. Gabapentin is an anti-epileptic agent (AED). AEDs are not medically indicated to treat chronic pain when applied topically. Menthol is a topical irritant that is not recommended to treat chronic pain. Camphor is also a topical irritant that is not recommended to treat chronic pain in its topical form. This compounded topical analgesic is not medically indicated.

**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 Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** This patient receives treatment for chronic pain involving the neck, lower back, L wrist, and shoulder. The diagnoses include neck strain, lower back strain, right wrist strain, and anxiety. These injuries are the result of an industrial injury dated 04/18/2105. This review addresses a request for a compounded topical analgesic medication. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Gabapentin is an anti-epileptic agent (AED). AEDs are not medically indicated to treat chronic pain when applied topically. Amitriptyline is a tricyclic anti-depressant (TCA). TCAs are not medically indicated in the treatment of chronic pain when applied topically. Dextromethorphan when taken orally is used as a cough suppressant. Dextromethorphan is not recommended to treat pain when applied topically. This compounded topical analgesic is not medically necessary.