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| <b>Case Number:</b>   | CM15-0020315 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 04/21/2014 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2015 |

### 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: North Carolina  
 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 36 year old male, who sustained an industrial injury on April 21, 2014. He has reported neck pain, upper and lower back pain, bilateral knee pain and bilateral ankle pain with associated sleep disturbances and difficulty performing activities of daily living. The diagnoses have included cervical spine sprain/strain, cervical multilevel degenerative disc disease, low back pain, lumbar sprain/strain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative joint disease, bilateral knee sprain/strain, bilateral knee medial and lateral meniscus tear, left knee ACL tear and bilateral ankle tenosynovitis and sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, aqua therapy, physical therapy, neurostimulation therapy, pain medications, conservative therapies and work duty modifications. Currently, the IW complains of neck pain, upper and lower back pain, bilateral knee pain and bilateral ankle pain with associated sleep disturbances and difficulty performing activities of daily living. The injured worker reported an industrial injury in 2014, resulting in reported neck pain, upper and lower back pain, bilateral knee pain and bilateral ankle pain with associated sleep disturbances and difficulty performing activities of daily living. He was treated conservatively with aquatic therapy, physical therapy, neurostimulation and pain medications. Unfortunately the pain continued. On December 5, 2014, evaluation revealed continued pain as previously described. The plan included continuing aquatic therapy, physical therapy and neurostimulation and to undergo electrodiagnostic studies. On January 20, 2015, Utilization Review non-certified a request for cyclobenzaprine 2%, flubiprofen 25% 180gm, Capsaicin 0.025% flubiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% 180gm, noting the

MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested cyclobenzaprine 2%, flubiprofen 25% 180gm, Capsaicin 0.025% flubiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% 180gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 2%, Flurbiprofen 25% #180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 recommended. The requested medication is a combination of ingredients including cyclobenzaprine that are not listed in the California MTUS as recommended agents to be used as topical analgesics. Therefore, criteria as set forth in the California MTUS have not been met and the request is not certified.

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% #180gm.s: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka,

2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 recommended. The requested medication is a combination of ingredients including gabapentin that are not listed in the California MTUS as recommended agents to be used as topical analgesics. Therefore, criteria as set forth in the California MTUS have not been met and the request is not certified.