

<b>Case Number:</b>	CM15-0026637		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 60 year old female who sustained an industrial injury on 08/04/2011. Current diagnoses include cervical spine sprain/strain with radiculopathy, C6 flare, and rule out discogenic disease. Previous treatments included medication management. Report dated 12/11/2014 noted that the injured worker presented with complaints that included increased lumbar spine symptoms. Physical examination was positive for abnormal findings. Utilization review performed on 01/26/2015 non-certified a prescription for capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% compound cream, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbioprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 G: Upheld**

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

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

**Decision rationale:** The patient was injured on 08/04/2011 and presents with lumbar spine pain. The request is for CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, AND CAMPHOR 2% 180 G. The RFA is dated 12/11/2014, and the patient is not currently working. Her last day of work was 08/04/2011. The report with the request is not provided. MTUS has the following regarding topical creams (page 111, chronic pain section), Topical analgesics: Nonsteroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for these treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS guidelines, page 111, also has the following regarding topical creams, Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. The patient has a limited lumbar spine range of motion, a positive Spurling's, and a positive straight leg raise. She also has cervical spine pain with a decreased range of motion and a positive axial head compression test. MTUS guidelines states: Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Since gabapentin is not supported in a topical formulation, the whole compound is not supported. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS guidelines for flurbiprofen and capsaicin. The requested compounded medication IS NOT medically necessary.