

<b>Case Number:</b>	CM15-0216638		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: New Jersey

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 68-year-old female, with a reported date of injury of 08-03-2010. The diagnoses include bilateral shoulder sprain and strain, left ankle sprain, cervical spine sprain and strain, and lumbar spine sprain and strain. The comprehensive report dated 09-09-2015 indicates that the injured worker complained of neck pain, with radiation to the arms and to the elbows, more on the left side. The pain was associated with numbness and tingling of the neck. She also complained of right shoulder pain and intermittent left shoulder pain, with radiation to the forearm on the left, and radiation of pain to the wrist on the right. The pain was associated with popping, cracking, and weakness in both shoulders. The injured worker complained of upper back pain, with radiation upwards to her eyes; and on and off burning pain in her left ankle and tingling of the left ankle. The physical examination showed well-centered without evidence of torticollis or other deformity; no loss of the normal cervical lordosis; tenderness to palpation over the bilateral cervical paraspinal musculature, bilateral scapular region, and trapezii; palpable muscle rigidity and spasms; normal cervical spine range of motion; normal range of motion of the bilateral shoulders; normal range of motion of the bilateral elbows; normal range of motion of the bilateral forearms and wrists; intact sensation in the upper extremities to light touch and pinprick; a normal gait; ability to walk on heels and toes without difficulty; no loss of normal lumbar lordosis; normal lumbar spine range of motion; intact sensation in the lower extremities to light touch and pinprick; and tenderness over the left ankle with some swelling. It was noted that the injured worker had not worked since 08-05-2011, and was retired. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included over-the-counter pain medications (names not indicated),

left ankle surgery, and left shoulder surgery. The treating physician requested Gabapentin 10%-Lidocaine 2% TGP gel #10 and Ketoprofen 15%-Capsaicin 0.025% spray (no scent) #120. On 10-23-2015, Utilization Review (UR) non-certified the request for Gabapentin 10%-Lidocaine 2% TGP gel #10 and Ketoprofen 15%-Capsaicin 0.025% spray (no scent) #120.

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

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

**Gabapentin/Lido TGP #10 10% 2% gel, #120: 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical gabapentin, specifically, has been labeled as non-recommended by the MTUS Guidelines due to its lack of supportive data in the treatment of chronic pain. Also, the MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was a request for topical gabapentin/lidocaine gel. However, as this formulation includes a non-recommended ingredient (gabapentin), this request is not medically necessary.

**Ketoprofen/Capsaicin spray (no scent) 15% 0.025% #120: 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): Capsaicin, topical, Topical Analgesics.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not

currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Chronic Pain Guidelines also state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, ketoprofen/capsaicin spray for topical use was requested, however, this formulation contains ketoprofen which is not recommended. Therefore, this request is not medically necessary.