

<b>Case Number:</b>	CM15-0040113		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Arizona, 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 57 year old female, who sustained an industrial injury on 5/16/2012. She has reported injury to the right side including the face, neck, right shoulder, upper back, lower back, right arm and right leg. The diagnoses have included headaches, degenerative disc disease with radiculopathy, right shoulder SLAP tear, tenosynovitis, tendinosis, cervical and lumbar disc herniation, multiple sprain/strain and low back pain. Treatment to date has included medication therapy, physical therapy, cortisone injections, acupuncture, and shock wave therapy. Currently, the IW complains of headaches and sagging of the right side of the face. Neck pain was rated 6-7/10 VAS and associated with numbness and tingling of bilateral upper extremities. Right shoulder and elbow pain also, along with mid back and low back pain and bilateral ankle and foot pain. The physical examination from 2/11/15 documented positive cervical distraction and compression tests, tenderness to touch, and decreased Range of Motion (ROM). The shoulder noted as swollen with mild atrophy and significant decreased ROM. There were positive tests including Impingement sign, Hawkins, Speeds and O'Brien tests. The right elbow documented with positive Tinell's test, as well as the right wrist. There was decreased sensation noted to several regions. The plan of care included continuation of medication therapy as previously prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm: 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 analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. In addition, the claimant had been on topical analgesics for over 2 years. Since the compound above contains Gabapentin, the compound in question is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: 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 analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the claimant had been on topical analgesics for over 2 years. Since the compound above contains Cyclobenzaprine, the compound in question is not medically necessary.