

<b>Case Number:</b>	CM15-0044974		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 50-year-old female, who sustained an industrial injury on 5/28/09. The injured worker has complaints of neck and left shoulder pain with limitations in range of motion. The neck pain radiates proximally to the occipital region, which results in tension headaches. The diagnoses have included pain in limb, nerve pain and cervical spine discopathy. Treatment to date has included cortisone injection with moderate benefit in pain reduction, lasting up to two days; electromyogram/nerve conduction velocity on 11/18/14 was normal; Magnetic Resonance Imaging (MRI) of the cervical spine on 11/5/14 showed some stenosis with degenerative disc disease, but no major changes noted; Magnetic Resonance Imaging (MRI) of the left shoulder on 12/29/14 impression showed focal high-grade partial tear of the supraspinatus tendon anteriorly and mild degenerative changes of the acromioclavicular joint; home exercises and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0675%, Menthol 5%, Camphor 2% cream:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Capsaicin or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Capsaicin, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0675%, Menthol 5%, Camphor 2% cream is not medically necessary.

**Ketoprofen 20%, Cyclobenzaprine 2%, Lidocaine 5% cream:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Ketoprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Ketoprofen 20%, Cyclobenzaprine 2%, Lidocaine 5% cream is not medically necessary.