

<b>Case Number:</b>	CM15-0053960		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	04/18/2003
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 69 year old male, who sustained an industrial injury on April 18, 2003. The injured worker was diagnosed as having mild cervical discopathy, C5-C6 radiculopathy, chronic long term shoulder impingement, lumbar discopathy, rotator cuff degeneration, right small digit triggering, bilateral knee chondromalacia, and chronic long term patellar tendonitis. Treatment to date has included exercise at the gym and medication. Currently, the injured worker complains of persistent neck pain as well as ongoing bilateral knee pain and low back pain. The Primary Treating Physician's report dated February 13, 2015, noted the injured worker reported going to the gym daily, and being beneficial. The injured worker was noted to be taking Losartan and Omeprazole. The injured worker's gait was noted to be slightly antalgic. Cervical spine examination was noted to show mild torticollis, head compression sign markedly positive, positive Spurling's maneuver, and exquisite tenderness and muscle spasm on rest and with range of motion (ROM). The injured worker was noted to have pain on scapular retraction with swelling and inflammation noted in the levator scapula. The lumbar spine was noted to have tenderness from the thoracolumbar spine down to the base of the pelvis, with the paralumbar musculature slightly tight bilaterally. The injured worker was noted to have tenderness on stress of the pelvis, which indicated mild sacroiliac joint symptomatology. The treatment plan was noted to include a one-year gym membership, and prescriptions for Motrin, Gabapentin, and transdermal creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 12%, Baclofen 2% Gabapentin 6% Lidocaine 4% 120 gm: 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): 60, 111-113.

**Decision rationale:** Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The documentation contains no evidence of osteoarthritis or tendinitis. Flurbiprofen is not indicated. Per MTUS p113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo." (Scudds, 1995) Regarding the use of multiple medications, MTUS p60 states: Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As several of the agents in this compound are not recommended, the request is not medically necessary.

**Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% Cream 120 gm: 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:** Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is not indicated. With regard to topical Ketoprofen, the MTUS CPMTG states: "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." (Diaz, 2006) (Hindsen, 2006) Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Regarding the use of multiple medications, MTUS p60 states: Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol or camphor. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since several components are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As several of the agents in this compound are not recommended, the request is not medically necessary.