

Case Number:	CM15-0056964		
Date Assigned:	04/01/2015	Date of Injury:	06/29/2010
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 56 year old female who sustained an industrial injury on 6/29/2010. Her diagnoses, and/or impressions, included: cervical and lumbar spine sprain, disc displacement, and radiculopathy; status-post right shoulder arthroscopy with residual pain; left shoulder sprain/strain, rule-out joint derangement; bilateral elbow sprain/strain, rule-out joint derangement; status-post right carpal tunnel release with residual pain; left wrist sprain/strain; thoracic sprain/strain, rule out disc displacement; bilateral knee sprain/strain with internal derangement, and rule-out meniscal tear; chondromalacia patellae - right knee; bilateral ankle sprain/strain, rule-out joint derangement; and abdominal pain and discomfort. Current magnetic resonance imaging studies were not noted, but electromyogram and nerve conduction studies were noted to have been requested. Her treatments have included "PRP" treatments for the bilateral shoulders; medication management and remaining off work. The progress notes of 1/28/2015 show complaints of: constant, moderate-to-severe, sharp, stabbing neck pain that is aggravated by movement; residual bilateral shoulder pain; bilateral intermittent and mild elbow pain; mild, dull and achy mid-back pain; constant radicular low back pain; right groin pain and abdominal discomfort; moderate bilateral knee pain; and bilateral ankle pain; all improved with medication. The physician's request for treatment included Cyclobenzaprine/Flurbiprofen cream and Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, flurbiprofen 25%, 180gm tid #1: 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 Muscle Relaxants Page(s): 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These agents 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of muscle relaxants as components of topical analgesics, the MTUS guidelines state the following: There is no evidence for use of any other muscle relaxant as a topical product. In this case, given that cyclobenzaprine is a muscle relaxant and is not recommended as a topical analgesic, the use of a compounded topical analgesic containing cyclobenzaprine and flurbiprofen, is not medically necessary.

Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% 180gm tid #1: 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: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These agents 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of gabapentin as components of topical analgesics, the MTUS guidelines state that there is no evidence for use of gabapentin as a topical analgesic. In this case, given that gabapentin is not recommended as a topical analgesic, the use of a compounded topical analgesic containing gabapentin, is not medically necessary. In summary, a topical analgesic containing capsaicin, flurbiprofen, gabapentin, menthol and camphor is not medically necessary.