

<b>Case Number:</b>	CM15-0059225		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/09/2003
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on January 9, 2003. He has reported lower back pain, neck pain, leg pain, and right shoulder pain. Diagnoses have included arthropathy, thoracic spine disc displacement, cervicgia, lumbago, and rotator cuff strain/sprain. Treatment to date has included medications, physical therapy, chiropractic care, medial branch block, functional capacity evaluation, lumbar spine fusion, imaging studies, and diagnostic testing. A progress note dated February 4, 2015 indicates a chief complaint of lower back pain radiating to the legs, cervical spine pain, and right shoulder pain. The treating physician documented a plan of care that included transdermal medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurb/Capsaicin in Lipoderm Base, 25% 0.025% 180 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** The request for cream was denied by UR citing guidelines that clearly describe recommendation for use of topical capsaicin only for patients who have not responded to or are intolerant of other medications. The guidelines describe that if one drug is not recommended then the entire compound is not recommended in the case of compounded topical formulations. While capsaicin itself may be an option in topical treatment in this case as the records indicate a long course with many medical therapies that may be considered failed based on continued pain, the guidelines discuss NSAIDs as having little evidence of efficacy in low back pain/neuropathic pain. Due to the lack of evidence to support the use of flurbiprofen in topical formulations in cases of low back pain, the request is not considered medically necessary.

**Gabapentin/Ketorprofen/Tramadol/Cyclobenzaprine in Activemax Base, 10% 10% 2.5%, 180 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is specifically not recommended as a topical per the MTUS guidelines, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence specifically for Gabapentin as a component in the requested compound makes the requested treatment not medically necessary.