

Case Number:	CM15-0077079		
Date Assigned:	04/28/2015	Date of Injury:	06/10/2010
Decision Date:	10/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 46-year-old male with an industrial injury dated 06-10-2010 (taken from utilization review). Medical record review indicates he is being treated for labral tear shoulder, elbow sprain-strain, wrist carpal tunnel release-decompression ulnar nerve, and elbow and shoulder internal derangement. Medical records submitted in regards to this request are a request for authorization dated 02-17-2015, diagnoses list and a prescription with medical information sheet dated 02-17-2015. Review of the medical records does not indicate, date of injury, subjective and objective findings. The request for authorization is dated 02-17-2015 and is for Cyclobenzaprine 2%-Flurbiprofen 25% # 180 gm and Capsaicin 0.025% -Flurbiprofen 15%-Gabapentin 10% -Menthol 2% Camphor 2% #180 gm. On 04-10-2015 the request for Cyclobenzaprine 2%-Flurbiprofen 25% # 180 gm and Capsaicin 0.025% -Flurbiprofen 15%-Gabapentin 10% -Menthol 2% Camphor 2% #180 gm was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10% /Menthol 2%/Camphor 2%
#180gm: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaisin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%, #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are labral tear shoulder; elbow sprain strain; risk carpal tunnel release/decompression ulnar nerve elbow; and shoulder internal derangement. Date of injury is June 10, 2010. Request for authorization is February 17, 2015. According to a September 12, 2014 progress note, the treating provider prescribed topical analgesics, but the documentation is not specific as to what specific drugs are used in the compound. According to an incomplete progress note dated February 17, 2015 the treatment plan contains a request for Capsaisin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%, #180 g. There were no subjective complaints or objective findings documented in the medical record. Flurbiprofen is not FDA approved for topical use. Gabapentin is not recommended. Any compounded product that contains at least one drug (flurbiprofen and topical gabapentin) that is not recommended is not recommended. Consequently, Capsaisin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%, #180 g is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Capsaisin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%, #180 g is not medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25% #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 2% and Flurbiprofen 25%, 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no

other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are labral tear shoulder; elbow sprain strain; risk carpal tunnel release/decompression ulnar nerve elbow; and shoulder internal derangement. Date of injury is June 10, 2010. Request for authorization is February 17, 2015. According to a September 12, 2014 progress note, the treating provider prescribed topical analgesics, but the documentation is not specific as to what specific drugs are used in the compound. According to an incomplete progress note dated February 17, 2015 the treatment plan contains a request for cyclobenzaprine 2% and Flurbiprofen 25%, 180 g is not medically necessary. There were no subjective complaints or objective findings documented in the medical record. Topical cyclobenzaprine is not recommended. Flurbiprofen 25% is not FDA approved for topical use. Any compounded product that contains at least one drug (cyclobenzaprine and Flurbiprofen) that is not recommended is not recommended. Consequently, cyclobenzaprine 2% and Flurbiprofen 25%, 180 g is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, cyclobenzaprine 2% and Flurbiprofen 25%, 180 g is not medically necessary.