

<b>Case Number:</b>	CM15-0086379		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Emergency 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 69 year old male who sustained an industrial injury on 05/30/2008. Current diagnosis includes left hip bursitis/tendinitis. Previous treatments included medication management. Report dated 04/09/2014 noted that the injured worker presented with complaints that included pain in the left shoulder, hips, low back, and neck. The injured worker noted that symptoms were not improving, but the medications do help. Pain level was not included. Physical examination was positive for left hip tenderness, and range of motion produces pain mostly at the hip. The treatment plan included refilling Norco, tramadol, tizanidine, Zanaflex, Protonix, Trepadone, and creams of ibuprofen and cyclobenzaprine, and urine toxicology will be performed at the next visit. Disputed treatments include retrospective request for Capsaicin/Menthol/Camphor/Gabapentin/Flurbiprofen, (DOS 12/8/14).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Capsaicin/Menthol/Camphor/Gabapentin/Flurbiprofen, (DOS 12/8/14): 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 requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended. "1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Flurbiprofen: NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. It is also prescribed with another NSAID leading to risk for toxicity. Flurbiprofen is not medically necessary. 3) Gabapentin: This is only FDA approved for oral use. Guidelines do not recommend topical gabapentin. 4) Camphor/Menthol: There is no data on these compounds in the MTUS or ODG. There are likely fillers with some topical effects. Not a single component of this compounded substance is recommended therefore it is not medically necessary.